

THE UTILISATION OF FAMILY COUNSELLING BY SOCIAL WORKERS IN CHILD AND FAMILY WELFARE ORGANISATIONS

by Marissa Pistor

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Supervisor: Dr Marianne Strydom

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DECLARATION

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SUMMARY

A significant number of children around the world are living in circumstances that necessitate the need for social service intervention by a social worker. In South Africa, thousands of children are found to be in need of care and protection every year by children's courts, many who are then removed from their homes and families and placed in the alternative care system. It is traumatic for families to be broken up and causes a lot of trauma for children who have to be separated from their caregivers and move to a different environment. It is also traumatic for parents to lose their children from their care.

The South African government prescribes that social workers render social services on the four levels of the Integrated Service Delivery Model (ISDM): prevention, early intervention, statutory intervention, and reunification. On each of these levels, there is a different role for a social worker to play and to support and help the family. According to literature, family counselling is an essential intervention in social work and can be utilised on the last three levels of the ISDM.

Before a case gets to a statutory level, a social worker can utilise family counselling with a family in an attempt to preserve the family and prevent a child removal. South African policy and legislation prescribes for social workers to use family counselling for family preservation and support and places great emphasis on how efforts should be made to keep families together, and that the removal of children should always be the last option. On the statutory level the trauma experienced and adjustments during and after a removal can be dealt with in family counselling. On a reunification level, a social worker can utilise family counselling with a family to help bring about change in parents who want to have their child placed back with them after removal and to prepare the family and child emotionally for the reintegration.

The goal of the study was to obtain social workers' perspectives on the utilisation of family counselling in their services to families in child and family welfare organisations. A qualitative approach was utilised with an exploratory and descriptive design. A semi-structured interview schedule was used to collect data from nineteen social workers who render services at child and family welfare organisations in the Cape Metropole and surrounds. Some key findings of the study will follow. It was revealed that social workers often see families together and need to utilise family counselling with families for various reasons, often to support families, during home visits and office interviews on various levels of the ISDM, to help families work through

conflict, and to address concerns in attempts to prevent the statutory removal of children, or place children back after removal.

It was found that social workers face many challenges in their attempts to do family counselling with families. Three key factors identified by social workers are: high caseloads with excessive administrative tasks, a lack of manpower, and a lack of resources in the child and family welfare field. Even though it was found that the field of child and family welfare workers are understaffed and often do not have time to see a family for numerous sessions, a key finding of the study is that social workers have to see the family as a unit on a regular basis. Although they often do not have the time to see every family together on a regular basis for family counselling sessions, they need to have knowledge, skills and techniques in family counselling as some social workers have little knowledge of family counselling.

Another finding was that not all the participants had sufficient knowledge of family counselling and confused family counselling with other methods of social work intervention such as family group conferencing and mediation. It is important for social workers to have adequate knowledge of family counselling to enable them to assess and support the family as a unit to render effective services.

The ideal solutions for some of the challenges would be for the National Department of Social Development to employ more social workers to work in the field of child and family welfare, to lessen the caseloads and burden on the few social workers that are in the field, and to allocate more finances and resources to organisations for social workers to be able to perform their tasks more efficiently and with more support.

Unfortunately, there is very little control over these prospects, and a recommendation is therefore made that for child and family welfare organisations to render services as effectively as possible they must equip their social workers with knowledge, skills and techniques in family counselling to be able to support families and bring about positive change. Another solution that is feasible is for the National Department of Social Development to review and reduce the number of administrative tasks that is required of social workers to make more time available for direct service delivery.

OPSOMMING

'n Besondere getal kinders regoor die wêreld verkeer in omstandighede wat daartoe lei dat maatskaplike intervensie deur maatskaplike werkers benodig word. Duisende kinders in Suid-Afrika word elke jaar as sorgbehoewend verklaar deur kinderhowe met die gevolg dat baie van hierdie kinders uit hul huise verwyder word en in alternatiewe sorg geplaas word. Dit is traumaties vir gesinne om geskei te word van mekaar en veroorsaak baie hartseer vir kinders wat van hul versorgers geskei en na 'n ander omgewing verskuif word. Dit is ook vir ouers traumaties om hul kinders uit hul sorg te verloor wanneer hulle verwyder word.

Die Suid-Afrikaanse regering skryf voor dat maatskaplike werkers dienste op vier vlakke van die Geïntegreerde Diensleweringmodel lewer, naamlik voorkoming, vroeë intervensie, statutêre intervensie, en gesinshereniging. Op elk van hierdie vlakke is daar verskillende rolle vir 'n maatskaplike werker om te vertolk en op verskeie wyses 'n gesin te ondersteun en te help. Volgens literatuur is gesinsberaad 'n noodsaaklike intervensiemetode in maatskaplike werk en kan dit op die vroeë intervensie, statutêre en gesinsherenigingsvlak toegepas word. Voor 'n geval egter die statutêre vlak bereik kan 'n maatskaplike werker gesinsberaad met 'n gesin doen om die gesin te probeer behou en 'n verwydering te voorkom. Op die statutêre vlak kan gesinsberaad nuttig wees vir die aanspreek van die trauma en aanpassings wat ervaar word as gevolg van die verwydering van 'n kind. Op die herenigingsvlak kan 'n maatskaplike werker gesinsberaad met 'n gesin doen om verandering by ouers te weeg te bring wat hul kind teruggeplaas wil hê na 'n verwydering, en om die gesin en kind emosioneel voor te berei vir die herintegrasie.

Die doel van die studie was om maatskaplike werkers se menings te bekom oor die gebruik van gesinsberaad in dienslewering aan kinders en gesinne by kinder- en gesinsorg organisasies. 'n Kwalitatiewe benadering is gebruik met 'n eksplorerende en beskrywende ontwerp. 'n Semi-gestruktureerde onderhoudskedule is gebruik om die data van negentien maatskaplike werkers in te samel wat dienste by kinder- en gesinsorgorganisasies in die Kaapse Metropool en omliggende gebiede lewer. 'n Paar sleutelbevindinge van die studie volg. Dit het na vore gekom dat maatskaplike werkers gereeld gesinne saam sien en dat dit nodig is om gesinsberaad met gesinne te doen vir verskeie redes; dikwels om gesinne te ondersteun, tydens tuisbesoeke en kantooronderhoude op verskeie vlakke van die ISDM, om gesinne te help om deur konflik te werk, en om besorgdhede aan te spreek om die statutêre verwydering van kinders te voorkom, of om kinders na verwydering terug te plaas.

Daar is gevind dat maatskaplike werkers verskeie uitdagings het wat dit moeilik maak om gesinsberaad met gesinne te doen. Drie sleutelfaktore wat gevind is, is hoë gevalleladings, oormatige administratiewe take, 'n tekort aan mannekrag, en 'n gebrek aan bronne in die kinder- en gesinsorgveld. Alhoewel daar 'n tekort aan maatskaplike werkers in hierdie veld is en maatskaplike werkers dikwels nie tyd het om gesinne vir 'n rits sessies te sien nie, is 'n sleutelbevinding van hierdie studie dat maatskaplike werkers wel gesinne op 'n gereelde basis as 'n eenheid saam sien. Alhoewel hulle nie altyd tyd het om elke gesin op 'n gereelde basis vir gesinsberaad saam te sien nie, het hulle steeds kennis, vaardighede, en tegnieke in gesinsberaad nodig, aangesien party maatskaplike werkers 'n gebrek aan kennis het daaroor.

Nog 'n bevinding in die studie was dat party deelnemers nie genoegsame kennis oor gesinsberaad gehad het nie en dit met ander metodes van maatskaplike werk intervensie verwar het, naamlik groep-gesinskonferensies en mediasie. Dit is belangrik vir maatskaplike werkers om voldoende kennis van gesinsberaad te hê en om gesinne as 'n eenheid te kan assesser en ondersteun om effektiewe dienste te lewer.

Die ideale oplossings vir party van die uitdagings sal wees dat die Nasionale Departement van Maatskaplike Ontwikkeling meer maatskaplike werkers aanstel in die veld van kinder- en gesinsorg om die gevalleladings van maatskaplike werkers in die beroep te verminder, sowel as om meer fondse en bronne aan organisasies toe te ken sodat maatskaplike werkers hul take meer effektief en met meer ondersteuning kan uitvoer. Daar is ongelukkig baie min beheer oor die vooruitsigte rakende hierdie oplossings en 'n aanbeveling vir effektiewe dienslewering is dus vir kinder- en gesinsorgorganisasies om hul maatskaplike werkers met kennis, vaardighede, en tegnieke in gesinsberaad te bemagtig om gesinne te kan ondersteun en positiewe verandering aan te bring. Nog 'n realistiese opsie is vir die Nasionale Departement van Maatskaplike Ontwikkeling om die hoeveelheid administratiewe take wat van maatskaplike werkers verwag word te hersien en te verminder om meer tyd beskikbaar te stel vir direkte dienslewering.

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Appendix 6: Afrikaans Semi Structured Interview Schedule

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CHAPTER 1

THE UTILISATION OF FAMILY COUNSELLING BY SOCIAL WORKERS IN CHILD AND FAMILY WELFARE ORGANISATIONS

1.1 PRELIMINARY STUDY AND RATIONALE

1.1.1 Background to the study

An extraordinary number of children all over the world are living in circumstances that alert the need for social service intervention because the circumstances are harmful to their well-being. The national estimate of children in America in 2015 who received child protection investigation was 3 358 000 (United States Department of Health and Human Services, 2015). In studies conducted by Radford, Corral, Bradley, Fisher, Bassett, Howat, Collishaw (2011) as well as Cawson, Wattam, Brooker and Kelly (2000) respectively, it was found that child abuse and maltreatment in the United Kingdom are also causes for concern.

According to UNICEF South Africa (2017) over 88 600 children in South Africa were declared in need of care and protection by the South African children's courts from 2009 to 2010. Almost 500 000 children live with foster parents and benefit from the Foster Child Grant and almost half (45%) of children living with foster parents get placed in alternative care due to being neglected or abandoned. Violence against children is very pervasive in South Africa with about 56 500 children reported to being victims of violent crimes in 2009 and 2010. Over 4000 cases of child neglect and ill-treatment are reported to the police annually. In instances like these where children are found to be in need of care and protection social workers at child and family welfare organisations would have to intervene (UNICEF South Africa, 2017).

In South Africa much emphasis is placed on the healthy functioning and welfare of families. The South African Children's Act 38, 2005 (RSA, 2005) is a document that sets out the rights of children and those caring for children as contained in Section 28 of the Constitution of South Africa (RSA, 1996). The Constitution has many objectives such as to promote the preservation and strengthening of families, to give effect to constitutional rights of children such as the right to family care, to parental care or appropriate alternative care when removed from the family, to social services, to protection from maltreatment, neglect, abuse or degradation and that the best interests of a child are of paramount importance in every matter concerning the child.

The White Paper for Social Welfare (Department of Welfare, 1997) is a document that stipulates principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa. It is the document after 1997 that gives guidance for social development services. In the Review of the White Paper for Social Welfare (Department of Welfare, 1997), the Ministerial Committee identified four types of services regarding the Promotion of Family Life that are available to families in South Africa: empowerment and support to families, family-centred crisis intervention, family group conferencing, and family preservation.

These types of services are in line with the three key strategic priorities of the White Paper on Families (Department of Social Development, 2012) namely, the promotion of healthy family life, family strengthening, and family preservation. The promotion of healthy family life focuses on the prevention of family breakdown by promoting the importance of strong families and community support for families. Family strengthening refers to giving families the necessary opportunities, the strengthening of relationships, networks and support and protection, especially during challenging and changing times.

The White Paper on Families maintains that family preservation generally means to keep families together and refers to services and programmes intended to strengthen families in times of crisis and reduce the removal of children from troubled families. This is based on the view that every person needs a family in which that person can develop and the best way in achieving permanence is allowing people to be with their families and to work with the family to attempt to prevent removal of children from their family (Department of Social Development, 2012).

1.1.2 Child welfare services in South Africa

According to section 150 of the Children's Act (RSA, 2005) child and family welfare services are rendered to at-risk families and when there is a suspicion or a conviction of a child in need of care and protection. The Integrated Service Delivery Model (ISDM) (Department of Social Welfare Services, 2013) is used to direct social work services in South Africa. It delineates social service delivery as well as child and family welfare services into four levels: prevention, early intervention, statutory/residential intervention or alternative care, and lastly reunification and aftercare.

When a case of abuse or neglect is reported in South Africa, a designated social worker will investigate the case and assess whether the child in need of care and protection should be removed or if the situation does not necessitate removal, whether early intervention services are more appropriate. If a child is removed (statutory services), the child will be placed in safety care, and if after a period of three months the child cannot be placed back with his or her family, the child will be placed in alternative care, being foster care, or a child and youth care centre. Section 150 of the Children's Act (RSA, 2005) also stipulates that if the home circumstances that necessitated the removal of the child had changed it would be possible for the child to be reintegrated into their family, before or after an alternative care placement. Each of these options demand of the family to change and to adapt to new circumstances.

According to legislation, social workers must assist the child and the family through individual or family counselling to protect the children and to preserve the family (RSA, 2005). The Association for Family Therapy and Systemic Practice (2017) defines family counselling as assisting people in a close relationship to help each other. It enables family members, couples, and others who care about each other, to safely express and explore difficult thoughts and feelings, to understand each other's experiences and perspectives, appreciate each other's needs, to capitalise on strengths and make valuable changes in their lives and relationships.

Family members are seen as interacting to accomplish tasks and that change in one individual would affect other family members and ultimately the family as a whole (Briar-Lawson & Naccarato, 2013). One part of the family cannot be understood in isolation from the rest of the system and the improvement in one problem area can lead to another problem developing. When a child is removed from a family, it is possible that another child can take the role of the removed child and the same problem is then experienced again (Walker, 2012).

Families can benefit from family counselling in the delivery of child and family welfare services, as counselling enables families to communicate openly with one another and the counsellor, to learn, grow and to change for the well-being of the family (The Association for Family Therapy and Systemic Practice, 2017). Family services have been seen as one of the overarching features of social work practice (Briar-Lawson & Naccarato, 2013) and family counselling services are seen specifically as one of the most appropriate types of counselling that should be available to families where there is a strong focus on family preservation and the strengthening of family bonds (Tracey, 1995).

The advantage of family counselling is that it adds a more systemic understanding of individual and family roles and patterns that connect over generations. Counsellors using the Systems Theory thus include a focus on family relationships and look at the recurring patterns within a family over time, and the impact these patterns have on individual family members' behaviour (Goldenberg & Goldenberg, 2002). The family systems concept complements the person-in-environment framework as it includes the extended family and the social community in looking at the family's problems and finding solutions (Lewis, 1991; Nichols & Schwartz, 2006). Post-modernists also consider many of the family's problems for which counselling is sought as being entrenched in the inequalities of our culture, which makes it important to see individuals and families as part of their context, so as to understand and seek relevant and appropriate solutions (Goldenberg & Goldenberg, 2002).

Family counselling is therefore a useful intervention strategy in rendering family-centred services, such as family preservation and reintegration services (Tracy, 1995; Statham, 2000), and coincides with the importance the White Paper on Families (Department of Social Development, 2012) places on strengthening and empowering families and the preservation of family life. Social workers at child welfare agencies or organisations should thus utilise family counselling as an intervention strategy on all the levels of the ISDM to assist family members to work through their problems, to improve communication, and to adapt to each other.

Based upon a search done on Scopus and EBSCOhost research database, no previous research has been done on the utilisation of family counselling in the rendering of child and family welfare services in South Africa, making this research important within the South-African context.

1.2 PROBLEM STATEMENT

Since policy and legislation on child welfare services place a strong emphasis on family preservation, healthy family functioning, and strengthening families, child and family social workers should focus strongly in service-delivery on keeping families together. Families and children that experience temporary or permanent break down, should have access to family-centred services, such as family counselling to promote the preservation of families.

The unnecessary removal of children can be prevented through the improvement of the family's functioning and coping skills and the strengthening of family bonds (Strydom, 2012). This would lead to healthier families and communities and improve society as a whole, as indicated in the strategic priorities of the White Paper on Families (Department of Social

Development, 2012). Family counselling is an appropriate modality to empower families to seek solutions to their problems, to strengthen family bonds, and to improve communication.

Respective study findings of research done in South Africa raised questions over how much time social workers really spend on working with family units to preserve families (Strydom, 2012; Dlamini & Sewpaul, 2015). It was therefore important to investigate the views of social workers on the utilisation of family counselling in the delivery of child and family welfare services in the South African child and family welfare context, as family counselling can enhance the preservation and strengthening of families. Challenges experienced in the utilisation of family counselling, as well as potential solutions to these challenges, were identified.

1.3 RESEARCH QUESTION

How is family counselling utilised by social workers in the delivery of child and family welfare services?

1.4 GOAL

To gain an understanding of the views of social workers on the utilisation of family counselling in rendering child and family welfare services.

1.5 OBJECTIVES

- To describe policy and legislation pertaining to child and family welfare services within the South African context and the stressors experienced by families.
- To explain family counselling from a General Systems and Family Systems theoretical point of departure for social workers' utilisation in child and family welfare organisations.
- To investigate the utilisation of family counselling in the rendering of child and family welfare services as well as the challenges experienced.
- To draw conclusions and recommendations for child and family welfare social workers, role players, and policy makers regarding the utilisation of family counselling.

1.6 THEORETICAL POINTS OF DEPARTURE

The theoretical undergirding of this study is the Systems Theory. In Social Work, systems thinking was influenced by the biologist Von Bertalanffy, examining human biological systems in their ecological environment, with later adaptations by Urie Bronfenbrenner, a psychologist.

The systems theory arose due to social scientists wondering whether it might be useful to consider an individual as existing in some kind of ecological system, namely their family. Family counsellors were attracted to the general systems theory with its emphasis on the unity of living systems and the interaction of component parts, i.e. the members of the family (Friedman & Allen, 2014).

Where the Systems Theory accounts for the interactive processes between an individual and other component parts of their system (family), the Ecological Perspective looks at all the social layers that an individual exists in. These layers are referred to as micro-systems, meso-systems, exo-systems, and macro-systems (Bronfenbrenner, 1979). Thus, the Systems Theory and Ecological Perspective overlap in terms of an individual's micro-system or direct environment, but the Ecological Perspective goes on to explain influences and interactions from and with systems outside of the individual's micro or family system.

The Systems Theory is a way of expanding increasingly complex systems across a continuum that encompasses the person-in-environment. It also helps social workers and counsellors to understand the parts and dynamics of client systems in order to interpret their problems and develop appropriate intervention strategies and enhance "goodness of fit" between systems (Friedman & Allen, 2014). The Systems Theory does not outline any specific theoretical framework to be followed nor does it direct social workers to use particular intervention methods - it rather serves as a conceptual framework for understanding the family and its interactions.

Systems concepts became a useful language for conceptualising a family's interactive processes. Individual behaviour is most clearly understood within the context of the whole and the family itself becomes the subject of analysis. Within this framework, an individual's behaviour is seen as the outcome of family interactions, not an individual deficit or deficiency. An individual's present problems might be viewed more accurately as a disequilibrium in the social system that has reached a destabilising or unbalanced state. Systems theory lays the foundation for rendering services to individuals, couples, and families within their appropriate cultural and ethnic contexts, offering the social worker or counsellor a framework from which to view multiple causes and contexts of behaviour (Friedman & Allen, 2014).

The systems theory is utilised in family counselling because it focused on the interactive processes and communication between all family members during counselling. Therefore, social workers could utilise individual sessions with family members, marital counselling with

the spousal system, and sessions where the entire family is present when the systems theory is employed (Friedman & Allen, 2014).

1.7 CONCEPTS AND DEFINITIONS

1.7.1 Social workers

The Australian Association for Social Workers (AASW), jointly with the International Federation for Social Workers (IFSW) and the International Association of School of Social Work (IASSW) define social work as a profession that facilitates change and development, social cohesion, and the empowerment and liberation of people. Principles that are central to social work are social justice, human rights, collective responsibility, and respect for the diversity of people. Social work engages people and structures to enhance well-being and address life challenges and is underpinned by theories of social work, social sciences, humanities, and indigenous knowledge. Social workers assist with and improve human well-being and identify and address external issues (systemic or structural) that may impact negatively on well-being or create inequality, injustice, and discrimination (AASW, 2013).

1.7.2 Family counselling

Family counselling is often also referred to as “family therapy”, “couple and family therapy”, “marriage and family therapy” and “family systems theory”. According to the Association for Family Therapy and Systemic Practice (2017) family counselling assists people in a close relationship to help each other. It enables family members, couples, and others who care about each other to safely express and explore difficult thoughts and feelings, to understand each other’s experiences and perspectives, appreciate each other’s needs, to capitalise on strengths and make valuable changes in their lives and relationships.

1.7.3 Family

The White Paper on Families (Department of Social Development, 2012) defines a family as a societal group related by blood (kinship), adoption, foster care, ties of marriage (civil, customary or religious), civil union, or cohabitation that go beyond a particular physical residence.

1.7.4 Child and family welfare services

Child welfare is a continuum of services that are aimed at ensuring the safety of children and that families have the necessary support to successfully care for their children. Child and family

welfare services typically support or coordinate the prevention of child abuse and neglect and provide services to families that are in need of assistance in protecting and caring for their children. (United States Department of Health and Human Sciences: Children's Bureau, 2012). When a family's situation is beyond preservation and a crisis causes for a child to be removed, child and family welfare services also do foster care placements by court order and reintegration back into the family at a time when the court decides that the family is ready to be reunified (RSA, 2005).

1.8 RESEARCH METHODOLOGY

1.8.1 Research approach

A qualitative approach was used in this study. A qualitative approach is used in research to answer questions about the complex nature of phenomena, with the aim of understanding and describing the phenomena from the viewpoint of the participant. The qualitative researcher strives to gain a better understanding of complex situations. Qualitative researchers make extensive use of inductive reasoning, moving from the specific to the general. They make specific observations and then draw conclusions about the larger and more general population (Leedy & Ormrod, 2005).

The qualitative approach is seen to be unstructured as it allows all aspects of the research process to have flexibility. This unstructured approach is more suitable to explore a problem, issue, or phenomenon (Kumar, 2005). This approach was suitable for the research study because the phenomena to be investigated needed in-depth and, descriptive answers, thus a quantitative approach was not suitable or relevant. The views of social workers on the utilisation of family counselling when rendering services to families in child and family welfare set-ups were investigated.

1.8.2 Research design

Exploratory and descriptive research designs were used in this study. Exploratory research is undertaken to gain insight into a phenomenon, situation, individual or community. The need for an exploratory study could arise due to not enough information available on a certain topic or to gain more information about a situation in order to formulate a problem or develop a hypothesis (Blaikie, 2000). Exploratory research generally has a basic goal with researchers often using qualitative data.

Descriptive research bears some similarities to exploratory research but differs in many regards. Descriptive research presents particular details of a situation, relationship or social setting. It focuses on questions such as “how” and “why” (Kreuger & Neuman, 2006). In qualitative research, description is more likely to refer to a more intense examination of phenomena and their deeper meanings, thus leading to a more in-depth description (Rubin & Babbie, 2005).

Exploratory research was relevant to this study because insight was sought from social workers about the utilisation of family counselling in rendering child and family welfare services. There is very little information available regarding this phenomenon in South Africa since there is almost no published literature on this specific topic. Descriptive research is relevant to this study because particular details of this situation were presented and answered “how” and “why” questions such as, “How is family counselling utilised by social workers in rendering child and family welfare services?” and “Why are services being rendered in such a way?” or “Why are services not being rendered?”. An in-depth description of the phenomenon was sought.

1.8.3 Research sample

A sample is a certain part or element of the population that is considered for inclusion in the study or a subset of measurements from a population the researcher is interested in (Unrau, Gabor & Grinnell, 2007). The research made use of purposive, non-probability sampling. In non-probability sampling the odds are unknown with regards to selecting a particular individual since the researcher is unclear about the population size or the members of the population (Gravetter & Forzano, 2003; Salkind, 2000). The technique of purposive sampling is also referred to as “judgemental sampling” (Rubin & Babbie, 2005). This sampling type is completely based on the researcher’s judgement due to the fact that a sample is comprised of elements that contain the most representative or typical attributes of the population that best serves the purpose of the study (Grinnell & Unrau, 2008; Monette, Sullivan & DeJong, 2005).

The sample for this study comprised of a population of nineteen social workers in the child and family welfare sphere of social work. The researcher contacted the directors of child and family welfare agencies to ask for permission to conduct interviews with social workers who were willing to participate in the study.

Once the researcher had permission to interview the social workers at the respective organisations, the researcher asked the supervisors for permission to visit the organisations to inform the social workers about the research. The researcher then informed the social workers at the various organisations about the research. Social workers who were willing to participate in the study were asked to contact their supervisor to inform the researcher via email to ensure voluntary participation. The social workers who were willing to participate contacted the researcher and the researcher, then arranged dates and times. The interviews were conducted with the social workers at their organisations in July 2018 upon the names of participants that each supervisor gave the researcher.

The study made use of non-probability sampling because the researcher did not know what the odds would be of selecting a particular individual. The study was conducted by use of purposive sampling since the sample selection was completely based on the social service organisations that the researcher chose to contact. This led to interviewing social workers that deliver the services that are applicable to the study.

The reason for selecting only nineteen social workers is that the study was qualitative and sought in-depth narratives and perspectives, it did not have to do with the number of occurrences of certain situations or statistics. The researcher thus decided when she had interviewed seventeen social workers, that she would do only two more, and thus finish with nineteen interviews, since data saturation was reached at the seventeenth interview. Data saturation is the point of closure which is arrived at when the information shared in the interviews with participants become repetitive and hold no new information or ideas. At this point the researcher can be fairly confident that data collection can cease (Given, 2008).

The criteria for inclusion in the research study were:

- Social workers that have been rendering services in the child and family welfare sphere for at least one year. Social workers that have been working in a child welfare office for one year or more would have had the knowledge and relevant experience to be able to give adequate and insightful answers.
- Social workers that render services in the Western Cape Metropolitan area and surrounds.
- Social workers that are sufficient in speaking English or Afrikaans since a translator was not available.

1.8.4 Instrument for data collection

A semi-structured interview schedule was used to give the interview structure and attain the necessary information but simultaneously allowing flexibility to attain extra information that can be helpful and relevant to the study since the aim of a qualitative study is to attain the most information possible. The themes for the study are set out in Appendix 1. The researcher aimed and succeeded to do the empirical study in 2018 in the Cape Metropole and surrounds. The researcher contacted the supervisors of the social service organisations in a reasonable amount of time in advance to visit organisations and enquire about social workers' willingness to participate in the study and to arrange a date.

The researcher explained what the research was about and asked the supervisors at the various organisations for social workers who were interested in participating in the study to contact the researcher to give consent to the interview. The willing participants contacted their supervisor to inform the researcher and dates were arranged for interviews. The participants signed an informed consent form (Appendix 2) at the start of the interview and it was explained that the study is voluntary and that it was about the participants' perspective.

It was also mentioned that they could stop with the interview at any time should they wish to. It was also offered to participants that debriefing counselling could be arranged if they had any psychological damage after the interview. The researcher used the semi-structured interview schedule to ask participants questions and noted key words down on each participant's sheet. The audio tapes were used in the interviews as it increases objectivity and for transcription purposes (De Vos, Strydom, Fouché & Delport, 2011). The researcher gave participants an opportunity to add additional information at the end of the interview, and also said that they could contact her should they want to add anything later, since they already had her contact details.

1.8.5 Data analysis

The analysis of the data took place after all the interviews had been completed and the data were collected. At this stage in the process the researcher reduced, presented, and interpreted the data (Sarantakos, 2000). Audio tapes were used in the interviews as this method increases objectivity. The answers to the interview schedules were transcribed and written up and organised into computer files (De Vos, Strydom, Fouché & Delport, 2011).

It was important to read and reflect on the complete feedback of the participants before the researcher could start to demarcate certain aspects of their answers. It was also important to first get a complete picture and to understand the broader context since participants' answers would then be understood in context and would possibly make more sense to the researcher (De Vos, Strydom, Fouché & Delport, 2011). The researcher then studied the text or qualitative information gathered and sorted the data according to themes, sub-themes, and categories. The interpretation of this data is presented in a research report.

Cresswell (2014) suggests that there are three steps in the data analysis stage of the research, namely, to organise and prepare the collected data for analysis, to read through all of the collected data, and to start coding the data. During the first step i.e., the organising and preparing for the data analysis, the researcher transcribed interviews, scanned material, typed up field notes, catalogued visual material, and sorted and arranged data into different types depending on information sources. The second step was when the researcher read or looked at all the data. This step provided a sense of the data collected and time to reflect on the overall meaning. At this stage the researcher made notes in margins of transcripts or observational field notes and started recording general thoughts about the data. The third step in data analysis is the coding of the data. This refers to the process of bracketing text segments and writing a word to represent a category in the margins. At this stage the researcher started to identify themes, sub-themes, and categories and wrote them down.

1.8.6 Data verification methods

1.8.6.1 Validity and reliability

Bryman states that validity and reliability are two of the key elements in evaluating social research (2012). He elaborates that reliability is focused on how consistent measures are, and that the term “dependability” is often used as an alternative term in qualitative research. It is encouraged that researchers follow an auditing process in their research to make sure they keep all the information for all phases of the research.

According to Bryman (2012), validity refers to the truthfulness of the conclusions that are made from a research endeavour. Validity is concerned with whether an indicator that is designed to measure a concept, measures a concept with accuracy. In order to make sure that the semi-structured interview schedule measured accurately, the researcher it with a registered social worker in the child protection field and made adjustments to the interview schedule accordingly. This was used as the final interview schedule for all nineteen interviews with the

research participants. The researcher noted in the first official interview of the study whether the data captured was measured according to the intention for which it was captured. The first interview confirmed that the interview schedule captured the concepts with accuracy and that no adjustments had to be made after that to the interview schedule.

To further ensure validity and reliability, the researcher had two participants from the study read through the empirical chapter, (Chapter 4), to state their view on whether they agree with the findings that the researcher outlined in the study. Both participants informed the researcher that they agree with the findings of this study. The researcher also made use of an independent coder that is currently busy with a post graduate degree in Social Work and that is also registered with the South African Council for Social Service Professions (SACSSP). This independent coder read through the researcher's transcriptions and empirical chapter to confirm the themes, sub-themes and narratives (Appendix 8).

1.8.6.2 Credibility

According to De Vos (2011), credibility is the strength of a qualitative study and can be considered an alternative for validity within the study. A thorough data description within the boundaries of population and theoretical frameworks indicates that the research is credible. It is therefore important for parameters to be placed around the study, with the researcher evidently stating the boundaries. The theoretical frameworks (Chapters 1 and 3) in this study were described, as well as the boundaries of the population (Chapters 1 and 4) and the data (Chapter 5).

1.8.6.3 Transferability

Transferability is considered to be an alternative for external validation of a study. This would refer to the ability to use the findings in other populations, groups, and settings. The researcher sets the theoretical boundaries of the research by reconsidering theoretical frameworks to show how data collection and analysis will be directed by concepts and models. The theoretical approach guided the manner in which data was collected and analysed in this study (De Vos, 2011). The findings regarding the challenges that child and family welfare social workers experience in this study greatly corresponds with other studies that have been done in South Africa. Conclusions and recommendations of this study could be useful for all social workers and managers in child and family welfare settings, as well as for the Department of Social Development to show what challenges social workers experience and how these could be improved upon.

1.8.6.4 Dependability

Dependability is the substitute term for reliability, where the researcher aims to account for any changes that occurred in the phenomenon chosen for the study. De Vos (2011) maintains that explorations cannot be readily duplicated to a different set of circumstances since the social environment is ever changing. The researcher did not have to make any changes that could have compromised the dependability of the study.

1.8.6.5 Conformability

Conformability is the alternative term for objectivity. A conformable study indicates that the study findings could be established by someone other than the researcher (De Vos, 2011). All the narratives in Chapter 4 of this study were the direct words of the participants, with no changes made by the researcher. All themes, sub-themes and categories in Chapter 4 are also verified by means of literature control with existing published research.

1.9 ETHICAL CLEARANCE

The term “ethics” refers to preferences that influence human relationships and transactions, such as following a code of principles, rules of behaviour, the responsibility of the researcher and the standards of behaviour of a given population group (De Vos et al., 2011). The researcher behaved according to the standards as stipulated in the Ethical Code for Social Workers and conducted the research in an ethical manner. The researcher is also registered with the South African Council for Social Service Professions and behaved in a professional manner as is expected at all times.

This study was a minimal risk study and the researcher was not in direct contact with the target group (families in the child and family welfare system) - instead the researcher interviewed social workers regarding the target group. Ethical clearance for this study was sought from the Social Work Department of Stellenbosch University, the DESC (Department of Ethical Screening Committee) as well as the various organisations the researcher interviewed social workers from.

The following ethical issues were taken into account for the study:

- Voluntary participation: According to De Vos et al. (2011) voluntary participation means that no participant may be forced to partake in the study. Participants were informed that they were not under any obligation to participate and that they could withdraw at any point during the interview. This information was also on the informed consent forms that participants had to read and sign before the interview started.
- The avoidance of harm: The researcher cannot state with certainty that none of the participants were harmed since everything done in life can possibly harm someone (Strydom, 2011). The researcher, however, did not foresee emotional harm, as the focus of the study was on the views of the participants (social workers) on the utilisation of family counselling in child and family welfare services.
- Informed consent: According to De Vos et al. (2011), informed consent means that participants must receive the opportunity at all times to choose what must happen to them. Before each interview, an informed consent form was given to each participant to read and sign. This document explained the purpose of the study, informed participants about the confidentiality of the study, and that the study was voluntary.
- Confidentiality: Confidentiality can be defined as keeping something private (Oxford Dictionary, 2017), thus handling the information gathered from participants during interviews in a private way. Participants were informed that the only other person with access to the information would be the researcher's supervisor. The documents with information were handled with discretion and confidentiality – the researcher ensured that participants' information stayed private by keeping the transcriptions in a locked safe. The electronic information on the researcher's laptop was also kept confidential by a password that only the researcher had access to.

1.10 PRESENTATION

The research report is presented in five chapters:

Chapter 2: An in-depth description of policy and legislation pertaining to child and family welfare services within the South African context.

Chapter 3: An in-depth description of family counselling from a systems theoretical point of departure and its application in child and family welfare service rendering.

Chapter 4: An investigation of social workers' utilisation of family counselling in the rendering of child and family welfare services and the possible challenges they experience.

Chapter 5: A presentation of conclusions and recommendations to child and family welfare social workers regarding the findings of the study.

1.11 LIMITATIONS OF THE STUDY

After the study took place, a few limitations were identified and will be discussed below:

- There is no prior research in South Africa on the utilisation of family counselling in rendering child and family welfare services, thus the topic could not specifically have been researched before or during the study. The two concepts of family counselling and child and family welfare services had to be researched separately and applied to each other throughout the study.
- The study took place at different child and family welfare organisations in and around the Cape Metropole and surrounds in the Western Cape and might thus not be transferrable to the entire province or country.

CHAPTER 2

CHILD AND FAMILY WELFARE SERVICES IN SOUTH AFRICA

2.1 INTRODUCTION

The aim of this chapter is to address the first objective of the study, which is to discuss child and family welfare services in South Africa. In this chapter, child and family welfare will be defined and child and family welfare services will be described. International and regional policy on child and family welfare will be discussed, as well as national policy in South Africa.

The state of affairs regarding the well-being of children and families in South Africa will be described and linked to the Ecological Perspective since all these factors relating to the well-being of children and families should be seen in their environmental context. Child and family welfare services rendered by social workers in South Africa will also be described, with a specific focus on the Integrated Service Delivery Model (2013) and where the different types of social work services slot into the various levels of this model.

2.2 DEFINITION OF CHILD AND FAMILY WELFARE SERVICES

The United States Department of Health and Human Services (2012) defines child welfare services as a service aimed at ensuring the safety of children, as well as ensuring that families have the necessary support to successfully care for their children. The word “welfare” refers to a person or group’s health, comfort and happiness (Collins Dictionary, 2019). The White Paper on Social Welfare Services for South Africa (1997) defines child and family services as an integrated and wide-ranging system of social services, facilities, programmes, and social security to promote social development, social justice, and the social functioning of people.

One can thus deduce that child and family welfare refer to the well-being of children and families. A family that is “faring well” is thus a family where the children are cared for, nurtured, protected, and raised in a good and safe environment with stable relationships between them and caregivers, and between the adult caregivers themselves, and where the caregivers’ needs are also met. When a family cannot adequately function on its own and child welfare services become involved, social workers would typically support or coordinate services that would prevent child abuse and neglect. Social workers would provide further

services to families that need help to protect and care for their children, they would receive and investigate reports of possible child abuse and neglect, remove children from homes if necessary and place them in alternative care. The placements of children in alternative care would also be monitored. They would also render services towards family reunification, adoption or permanent family connections with children that are leaving foster care (The United States Department of Health and Human Services, 2012).

2.2.1 The welfare of children and families

To understand child and family welfare, it is important to define what a family and a child is and to establish what is meant by the ‘welfare’ or well-being of families and children.

2.2.1.1 Defining the family

The family is widely viewed as one of the foundational social institutions in all societies, yet the concept of the family is very difficult to define (Waite, 2000; Belsey, 2005). Universally, the family is viewed as one of the crucial sectors that no society can function without (Ziehl, 2003). There are various definitions of the family and they can differ from one discipline to the next and from one author to the next. Behavioural and social sciences recognise that families never fit perfectly into any single model (Bruce, Lloyd & Leonard, 1995).

From a sociological point of view, the family is defined as a group of interacting persons who acknowledge a relationship with each other based on a common parentage, marriage and/or adoption. Demographically and economically, the residential family is defined as a group of two or more people (one being the householder) related by birth, marriage or adoption and residing together (Belsey, 2005).

Other authors state that families are individual members who by birth, adoption, marriage or declared commitment, share deep, personal connections and are reciprocally entitled to receive and obligated to provide support of different kinds for as long as is required and especially during times of need (Levine, 1990).

South African authors such as Amoateng and Richter (2007) point out that the broad consensus relating to families is that they are a societal group related by blood, marriage, adoption, or affiliation, with close emotional attachments to each other that last over time and go beyond a particular physical residence. The White Paper on Families (Department of Social

Development, 2013b) defines the family as a societal group that is related by blood (kinship), adoption, foster care, or marriage, be it civil, customary or religious, or by civil union or cohabitation, and that go beyond a specific physical residence. Proposed policies and legislation for families in South Africa are based on the latter definition.

What is clear from these definitions is that family plays a very important role in the lives of people and that people are supposed to receive support and nurturing from their families and find their place of belonging within their families. It is also clear that although families may differ in structure, they usually perform similar functions.

The White Paper on Families (Department of Social Development, 2013b) describes the most common family types in South Africa, as was recorded in 2005 as the nuclear family (23.3%), single-adult family (20.4%), and the three-generation family (16.8%). Other family structures include the elderly-only family, children-only family, married-couple only family, and siblings-only family.

2.2.1.2 Developmental needs of families

As families grow and change, their needs also change. This makes it complex to define and measure the family's well-being. One approach is to assume that the well-being of a family is the sum of its parts, i.e., if individual members that make up the family, report positive well-being, then that family unit can be assumed to also experience positive well-being. A second approach to follow is that the family is more than the sum of its parts and that family well-being means more than the data about the well-being of individuals. Taking the second approach, there could be a variety of different units of observation or analysis, including individual members, dyadic relationships, and the family as a unit (Behnke & MacDermid, 2004).

The White Paper on Families (Department of Social Development, 2012) defines a healthy family as a unit characterised as having good interpersonal relations and a good state of physical, mental, and social well-being among all members. The concept of family refers to a unit and it makes sense to take the second approach in defining family well-being as being more than just individual family members' happiness, thus focusing more on collective happiness and how satisfied members are within the family group and with the relationships within the family, but not neglecting individual family members' happiness.

American authors (Maluccio, Pine & Tracy, 2002) set out the survival and developmental needs of families in a framework of needs and resources for family and child well-being. These needs are adequate parenting; with the capacity to provide basic care, ensure the child's safety and stability, give emotional warmth, use appropriate discipline and guidance and offer cognitive stimulation, adequate shelter, adequate financial resources, marital and relationship accord, social and kinship networks and support and ties to a secure and stable community.

As is seen below (Patterson, 2002), the family provides positive functions to its members and has many benefits on an individual and societal level. The Centre for Social Justice (2010) in the United Kingdom states that stable and healthy families are at the heart of strong societies and it is within these families that children learn unconditional love, learn and understand right from wrong, and gain empathy, respect and self-regulation. These qualities enable individuals to have positive interactions at school, at work, and in society in general.

Table 1: Ways in which family functions benefit individuals and societies

Family function	Ways each function benefits to	
	Individual family members	Society
Membership & family formation	<ul style="list-style-type: none"> • Provides a sense of belonging. • Provides personal and social identity. • Provides meaning and direction in life. 	<ul style="list-style-type: none"> • Controls reproductive function. • Assures continuation of the species.
Economic support	<ul style="list-style-type: none"> • Provides for basic needs of food, shelter, clothing, and other resources to enhance human development. 	<ul style="list-style-type: none"> • Contributes to healthy development of members who contribute to society (and who need fewer public resources).
Nurturance, support, and socialisation	<ul style="list-style-type: none"> • Provides for the physical, psychological, social, and spiritual development of children and adults. • Instils social values and norms. 	<ul style="list-style-type: none"> • Prepares and socialises children for productive adult roles. • Supports adults in being productive members of society. • Controls antisocial behaviour and protects society from harm.
Protection of vulnerable members	<ul style="list-style-type: none"> • Provides care and support for young, ill, disabled or otherwise vulnerable members. 	<ul style="list-style-type: none"> • Minimizes public responsibility for care of vulnerable, dependent individuals.

Source: Patterson, 2002 in Department of Social Development (2013b)

The table above delineates the functions that families fulfil, what they provide and what the benefits are for its members individually and for society. The four main functions of families are membership and family formation; economic support; nurturance, support and socialisation; and protection of vulnerable members.

Kunz (2013) elaborates on the functions of families, saying that a family ensures its members with financial security, gives its members a place and sense of belonging in society, and is responsible for educating and socialising them. Within a family, family members are provided with physical and economic protection. Kunz (2013) continues that a family provides religious

identity, affection and companionship, and that a family is a source of recreation for its members.

Maluccio, Pine and Tracy (2002) state that an established body of research from different parts of the world evidently shows that stable and supportive families are associated with many positive outcomes. These positive outcomes include higher levels of self-esteem, lower levels of antisocial behaviour such as crime, violence and the abuse of substances, higher work productivity levels, lower stress levels and more self-efficacy and resilience to deal with socio-economic hardships. Stable families show high levels of social capital and resilience. They also contribute to the smooth functioning of society and to social cohesion. When families fulfil in their functions to their family members and children, families are healthy and functioning well, and children grow up in optimal family environments that are conducive to their well-being and coincide with their rights according to the children's rights in section 28 in the Bill of Rights (RSA, 1996).

2.2.1.3 Defining a child

The Lexico Dictionary (2019) defines a child as a young human that is below the age of puberty, or a minor that is below the legal age of majority, which is different from one country to the next. The United Nations Convention on the Rights of the Child (UNCRC) (1989) defines a child as a person that is younger than 18 years old, unless under the law which applies to the child, age of majority is attained earlier. The South African Children's Act defines a child as being an individual under the age of 18 years, once 18 years old, a child is considered to be an adult and no longer a minor (RSA, 2005).

2.2.1.4 Child well-being

The White Paper for Social Welfare (Department of Social Development, 2012) states that a child's well-being depends on the ability of their family to function effectively. Children are vulnerable and need to grow up in families who are nurturing and secure so that their survival, development, protection, and participation in family and social life are insured. As discussed in the previous section, families provide a sense of belonging to their members and are responsible for instilling values and teaching life skills. Families give their members security, they set limits on behaviour, they provide a spiritual foundation and they instil discipline.

There is a lot different information globally on what children need in their growth and developmental stages until they reach adulthood. Harley Rotbart, a nationally renowned parenting expert and Professor and Vice Chair Emeritus of Paediatrics at University of Colorado School of Medicine and Children's Hospital Colorado has outlined eight requirements that children need to become happy and well-accomplished adults (Children's Colorado, 2019).

- 1) **Security** – children need to feel safe and sound and their basic survival needs, such as shelter, food, clothing, medical care and protection from harm, must be met.
- 2) **Stability** – stability typically comes from family and community. The ideal is for a family to remain together in a stable household, but when that is not possible, the child's life needs to be as disrupted as little as possible. Children should be part of larger entities to give them a sense of belonging, tradition, and cultural continuity.
- 3) **Consistency** – it is important for parents to synchronise their parenting and ensure that important values in the family stay consistent.
- 4) **Emotional support** – words and actions from parents should encourage their children's trust, respect, self-esteem, and independence.
- 5) **Love** – verbalising and showing love to children can overcome simple parenting "mistakes" that parents may make. It is important for parents to show children love even when they have disobeyed, angered, frustrated, or rebelled against their parents. Dr Rotbart includes how important it is for parents to spend enough quality time with their children.
- 6) **Education** – it is important for children to attend school and achieve academically, but it is equally important for parents to teach their children invaluable life lessons in time spent together.
- 7) **Positive role models** – parents are their children's first and most important role models. It is important for parents to instil their values in their children and teach them empathy and for parents to be the person they want their children to become.
- 8) **Structure** – children need to have rules, boundaries and limits in order for them to function at their best and thrive within a structure.

The Children's Act (RSA, 2005) maintains that for a child to be in a situation of welfare, their physical, emotional, spiritual, mental, and social well-being must be protected and advanced and needs on these levels must be met. Linking this to sections 28, 29 and 31 in the Bill of

Rights, (RSA, 1996) on a physical level, a child has the right to basic nutrition, shelter, health care services and social services. On an emotional and social level, a child has the right to parental care, family care or appropriate alternative care as well as to be protected from maltreatment, abuse, neglect, or degradation. On a mental level, everyone has the right to a basic education, which is primary school and high school up to grade twelve. On a spiritual level, everyone has the right to practice the religion of their choice.

These are the basic rights that protect and advance the well-being of children in their physical, emotional, spiritual, mental, and social states. Children are seen to be in a healthy situation of welfare when these rights are protected, their well-being on these levels is enhanced, and their developmental needs as mentioned above are cared for.

2.3 INTERNATIONAL AND REGIONAL CHILD AND FAMILY WELFARE POLICY

There are many policy documents on an international and regional level pertaining to child and family welfare. Two such documents that will be discussed are the United Nations Convention on the Rights of the Child (UNCRC) and The African Charter on the Rights and Welfare of Children (ACRWC).

2.3.1 United Nations Convention on the Rights of the Child (UNCRC)

Internationally, the United Nations Convention on the Rights of the Child (UNCRC) is the most commonly known and sanctioned human rights treaty that puts forth the rights of all children under the age of 18 years. The United Nations adopted the Convention in November 1989 and it is globally considered to be the point of departure for children's rights. South Africa endorsed the Convention in 1995 and is legally obliged to implement it. The endorsement of the UNCRC enforces children's rights in international and domestic law. It is built on the foundation that children are born with fundamental freedoms and have the rights of all human beings, but due to their vulnerability have specific additional needs (UNICEF, 2009; UNCRC, 1989).

The UNCRC incorporates the overall principles of a rights-based perspective. The following four principles of the UNCRC are the head foundation for realising children's rights: non-discrimination, best interest of the child, survival and development, as well as participation. These UNCRC principles afford how the applicable articles are interpreted and implemented

(Save the Children, 2014). The UNCRC acknowledges the rights children have to care and protection. It re-emphasises that children need special care and protection due to their vulnerability and the responsibility that lies with every child's family in upholding the rights pertaining to their care and protection (UNICEF, 2009; UNCRC, 1989).

2.3.2 The African Charter on the Rights and Welfare of Children (ACRWC)

The African Union (AU) adopted the African Charter on the Rights and Welfare of Children (ACRWC) in 1990 and it was entered into motion in 1990. South Africa signed the ACRWC in 1997 and sanctioned it in 2000. The ACRWC recognises that most African children remain in critical situations due to their socio-economic, cultural, traditional, and developmental circumstances. It also acknowledges that children need special safekeeping and care due to natural disasters, armed conflicts, exploitation, hunger, and their mental and physical immaturity (ACRWC, 1990). What is furthermore recognised is that children occupy a unique and privileged position in the African society, so for the full and undisturbed development of children's personalities, children should grow up in a family environment in the presence of happiness, love, and understanding (ACRWC, 1990).

The ACRWC, in accordance with the UNCRC, encompasses four important overall principles that assist in interpreting and applying all the other articles. The first principle, in Article 4, states that all actions that concern a child, by any person or authority shall primarily consider the best interests of the child. Non-discrimination is the second principle, as contained in Article 3. It requires parties of state to take any suitable measures necessary to ensure that children are protected against all forms of discrimination (ACRWC, 1990).

The third principle, in Articles 4 and 7 respectively, puts forth that state parties' participation is required to affirm to children who are capable of forming their own views, the right to express those views freely in every matter concerning the child, and that such views be given due weight in line with the age and maturity of the child. The fourth and last principle of the ACRWC (1990:3) in Article 5, puts forth children's right to "maximum survival and development". The ACRWC (1990) obligates parties of state to progressively raise awareness about the rights to care and protection of children by assisting parents or caregivers with material needs and support programmes that can help in linking them with resources like housing, health, clothing, and similar needs. These issues are thought of as being of extreme importance in determining the well-being of a child.

2.4 NATIONAL CHILD AND FAMILY WELFARE POLICY

There are many policy documents on a national level that pertain to child and family welfare. Four such documents that will be discussed are the Constitution of the Republic of South Africa 108 of 1996: section 28 of the Bill of Rights, The Children's Act 38 of 2005, The White Paper for Social Welfare (1997) and The White Paper on Families in South Africa (2012).

2.4.1 Constitution of the Republic of South Africa 108 of 1996: section 28 of the Bill of Rights

The aim of section 28 of The Bill of Rights in the Constitution of the Republic of South Africa (RSA, 1996) is to protect the civil, political and socio-economic rights of all people in South Africa through a human rights charter. The Bill of Rights applies to the entire law, including the common law, and is binding to all the segments of government.

Section 28 of The Bill of Rights (RSA, 1996) is a cornerstone of democracy in South Africa and enshrines the rights of all citizens in the country. It also affirms the democratic values of dignity, equality, and freedom. Section 28 in the Bill of Rights sets out the rights of children. According to this section a child is a person under the age of 18 years. It is furthermore stressed that a child's best interest is of paramount importance in every matter concerning the child. Children's rights to a name and nationality are protected, to family, parental or appropriate alternative care, to basic nutrition, shelter, basic health services, and social services. Children are to be protected from maltreatment, abuse or degradation and exploitative labour practices, children may not perform work or services that are inappropriate to the child's age or would place the child's well-being at risk.

Children should only be detained as a measure of last resort, and if so, they should be kept separately from those detained who are above 18 years of age and they should be treated in ways and kept in conditions that are appropriate for their age. Should they be involved in civil proceedings, children should have a legal practitioner assigned to them by the state and at the state's expense. Children are also not to be used directly in armed conflict and in fact, should be protected in times of armed conflict. Children and families have a right to access social services and should have needed social services rendered to them (RSA, 1996).

If, as mentioned above, children and families have an inherent right according to the Constitution (RSA, 1996) to have access to social services and have needed social services rendered to them, it can be concluded that children and families who are experiencing problems in the family, have the right to receive assistance from social workers to preserve and support their family.

2.4.2 The Children's Act 38 of 2005

The Children's Act 38 of 2005 (hereinafter referred to as the Children's Act) in conjunction with the Children's Amendment Act 41 of 2007 and Regulations to the Acts, give effect to the rights of children. The aim of the Children's Act (RSA, 2005) is to protect all children in South Africa, promote their rights, put their best interests first, and to hear the voice of children to allow them to partake in decisions that affect them.

A child in South Africa is a person under 18 years of age. The Children's Act makes provision for the protection of children against social harm, abandonment and neglect. Statutory procedures to follow are set out for the protection of children's rights. Alternative placements for children are in existence although the termination of parental responsibilities should be a last resort. The least restrictive measures are advocated for and only as an exception should children be placed in institutional care. Foster care and adoption of children are alternative placement forms (Patel, 2015; RSA, 2005).

The Children's Act (RSA, 2005) advocates for early intervention services such as family preservation and support services and include family counselling and intensive support for families who are at risk of having a child removed from their home. The Act places great emphasis on early intervention services to prevent the removal of children from homes and states that removal is the last option available when all other avenues have been exhausted and should only take place when the child's life or well-being is in serious danger.

In order to prevent removals, social workers can render supportive, therapeutic, and preservation services to families to help alleviate the crisis and keep children at home with their family. In conjunction, community-based services such as food aid, supporting school attendance, after-school supervision of children, social, life skills, and recreational programmes, as well as drop-in centres can be provided, or the social worker can link the family to such services.

With the notion of early intervention on children's lives, the legislation promotes strategies to improve care and the social, emotional, physical, and cognitive development of children. A key point of intervention in children's lives is early childhood development (ECD) interventions. The Children's Act makes provision for an ECD strategy as well as programmes, norms, and standards to promote early childhood development (Patel, 2015; RSA, 2005).

2.4.3 The White Paper for Social Welfare (1997)

The purpose of the White Paper for Social Welfare (1997) is to set out principles, guidelines, recommendations, proposed policies, and programmes for developmental social welfare in South Africa in order to spearhead social change. The White Paper states that the family is the basic unit of society and will be strengthened and promoted through policies and programmes that are family oriented. Ideally, a family seeks to nurture, care for and socialise its members. Social welfare programmes need to be flexible, innovative and provide for individuals who do not have families (Department of Welfare, 1997).

The life-cycle approach should guide and inform programmes as far as it is appropriate. This approach entails the interaction between family members, the broader social environment and social support networks. The White Paper further states that developmental social welfare strategies will ensure that all people have sufficient economic and social protection and have access to welfare programmes that will enhance social functioning and promote development (Department of Welfare, 1997).

The diversity of families on cultural, social, and religious levels are acknowledged and also the social change effects on families' structure and nature. Families have been significantly affected by past social, economic, and political policies, the unjust distribution of resources, social changes, migration patterns, the increasing violent sub-culture, and changes in men and women's traditional roles. Many factors have redefined household structures in South Africa such as HIV/Aids, divorce, substance abuse, teenage pregnancy, poverty, crime, disabilities, and chronic illnesses. Families also face various new demands and challenges in attempting to meet the needs of their members. Increasing pressure on families often lead to parents being unable to fulfil their parenting and social support roles without community, state and private sector support (Department of Welfare, 1997; Patel, 2015).

The White Paper for Social Welfare was debated extensively and adopted unanimously by all political parties in 1997. The White Paper set the policy framework to restructure social welfare in post-apartheid South Africa. The policy rested on a social development approach to social welfare, notions of transformation and human emancipation, and an acknowledgement that it was critical to reconcile and heal the divisions of the past to build a united South Africa based on democratic values, social justice, gender equality, and human rights. There are five themes in the conception of developmental social welfare in the South African context: a rights-based approach, economic and social development, democracy and participation, social development partnerships, and bridging the macro and micro divide. These notions are enshrined in the Constitution of the Republic of South Africa (Patel, 2015).

The most noteworthy legislative acts that give effect to the aim of the White Paper for Social Welfare are: the Non-Profit Organisations Act 71 of 1997, Social Assistance Act 13 of 2004, Children's Act 38 of 2005, Older Persons Act 12 of 2006 and Prevention of and Treatment for Substance Abuse Act 70 of 2008 (Patel, 2015). Other acts with relevance to child and family welfare that were adopted after 1994 are: the Child Care Amendment Act 96 of 1996 and thereafter Act 13 of 1999, the Child Justice Act 75 of 2008, the Domestic Violence Act 116 of 2008, the Children's Amendment Act 41 of 2007 and thereafter Amendment Acts 17 of 2016 and 18 of 2017 (South African Government, 2017).

In the most recent review of the White Paper for Social Welfare (Department of Social Development, 2016), the aforementioned information is echoed in that families are still faced with the same problems as set out in the original White Paper for Social Welfare (Department of Welfare, 1997) with an increase in poverty due to an increase in the population combined with slow economic growth. The households that are most harshly affected are female-headed households where only the female earns an income. It was found that half of South Africa's wealth is earned by 10% of the population. The remaining 90% of the population earn either the other half of the income or, due to the high unemployment rate, no income at all. It is thus clear that poverty and unemployment are still major problems in South Africa that are impacting families and children negatively, as their needs are not fully provided in and as children in these households may be vulnerable to child abuse and neglect.

The review of the White Paper for Social Welfare (Department of Social Development, 2016) furthermore states that the Department of Social Development continues to put great emphasis on families, as it is the core unit of society. South African families, with their diverse culture

and religion are still acknowledged. The legacy of colonial and apartheid socio-economic conditions, laws and regulations, and the effect this legacy had and continues to have on previously disadvantaged South African families are also acknowledged. There is an estimation that half (49%) of the population live in two-generation households. Close on half (47%) of people in former homelands live in three-generation households and a twentieth (6%) of people live in skip-generation households, for example, grandparents and grandchildren. Only about a fifth (18%) of the population live in nuclear households with both parents and children intact. The following can be concluded from the report, namely that South Africa is one of the most unequal societies in the world and the unusual social structure and different family set-ups place the biggest burden on women.

Comparing the original White Paper for Social Welfare (Department of Welfare, 1997) to the review of the White Paper for Social Welfare (Department of Social Development, 2016), it appears that conditions in South Africa are currently more or less the same as it was with the publication of the first White Paper for Social Welfare. Poverty, however, has increased and continues to place a major burden on families and children, which as previously mentioned, could make children in these households exceptionally vulnerable to abuse and neglect, as there is a strong correlation between poor socio-economic circumstances and abuse and neglect in children, particularly poverty (Hollingsworth, 2004; Jeffreys, Hirte, Rogers & Wilson, 2009; Leek, Seneque & Ward, 2004; Millham, Bullock, Hosie & Haak, 1986; Odyssey Institute Studies, 2004;; United Nations Office on Drugs and Crime, 2015).

2.4.4 The White Paper on Families in South Africa (2012)

The main aim of the White Paper on Families in South Africa (Department of Social Development, 2013), is to promote and strengthen family life which resonates with sections 26, 27, 28 and 29 of the Constitution (RSA, 1996). The White Paper's implementation is contingent on the realisation of these institutional rights.

The White Paper on Families in South Africa (Department of Social Development, 2013), has three specific objectives. The first objective entails the enhancement of families' capabilities concerning socialising, caring, nurturing, and supporting in order for their members to be capable of contributing effectively to the country's overall development. The second objective entails the empowerment of families and family members by enabling them for the identification, negotiation around, and maximising economic, labour market, and other

opportunities available in South Africa. The third objective involves the improvement of families' and family members' capacities to socially interact in ways that will make a meaningful contribution towards a sense of community, social cohesion, and national solidarity (Department of Social Development, 2013).

The White Paper on Families (Department of Social Development, 2013) highlights how important families are when it comes to caring for children, in social life and in the promotion, preservation, and strengthening of family life. The White Paper gives recognition to diverse family types and changing family natures and structures. It also acknowledges family strains due to social, cultural, and economic challenges of various natures, as well as the effects of past policies, such as migration, that disrupted the lives of families and well-being of children.

The vision of the White Paper is to have well-functioning families with qualities of love, peace, safety, stability, and economic self-sustainability, that provide care and support for members on psychological, physical, emotional, financial, spiritual and intellectual levels. The White Paper's mission is to carry out activities, programmes, projects, and plans that will promote, support and nourish well-functioning families. The family is viewed as a key development imperative and the White Paper aims to mainstream family issues into government-wide, policy-making initiatives with the purpose of fostering the positive well-being of families and the overall socio-economic development of South Africa (Department of Social Development, 2013).

A review on the White Paper on Families in South Africa (Department of Social Development, 2013) could not be found, but an article that critically reviewed the White Paper will be detailed in summary. Rabe (2016) argues that although family diversity is acknowledged in the White Paper, the document undermines the professed diversity since not all caretakers and children are acknowledged and supported, and financially vulnerable families are not strengthened. As mentioned in the previous section, poverty is at an all-time high and is a major crisis in South Africa with a significant number of families living in poverty. Rabe (2016) further notes that narrow ideals of family life are at times promoted in the White Paper, placing the most focus on and suggesting heterosexual middle-class values as the norm. Rabe (2016) concludes that the realities of family life should be accepted for what it is and all families in their different forms should be supported on a consistent basis, not subtly pushed to conform to restricted ideas of what families should be like.

2.5 FAMILIES IN SOUTH AFRICA

As indicated in the discussion of the previous section, families and children in South Africa are facing many difficulties. Statistics indicate that more or less half of adults in South Africa (49%) are living below the upper-bound poverty line (UBPL). According to the Mbalo Brief (Statistics South Africa, 2018), 47% of children in South Africa were raised by female-headed households in 2016. Female-headed households face higher levels of poverty and are at risk for a greater likelihood to experience poverty. Female-headed households are also likely to have less access to water, sanitation, and refuse removal services, causing many health and safety hazards for such households. Having safe areas to play in are fundamental for the growth and development of children. In South Africa, only a quarter of children below the poverty line (25%) have access to safe play areas in their neighbourhood, whilst three quarters of poor children (74%) do not have such access, which hampers their healthy physical and brain development (Department of Statistics South Africa, 2019).

In South Africa, children and families mostly live in a context of poverty with a lack of employment, little access to social services, insecurity regarding food supply, fragmentation of family life, and alienation from kinship support systems. The HIV/AIDS pandemic also caused families to be faced with special needs and challenges such as increased care responsibilities. Other social problems and vulnerabilities such as substance abuse, family violence, family relation issues, fathers being absent in children's lives, and a lack of family and community support systems, compound this situation (Patel, 2015).

South Africa's young population is very large with 37% (18,5 million) under the age of 18 years. Of these children, a significant number (42%) live in rural tribal areas or the former homelands (Sadan, 2014). International, regional, and national policy documents all emphasise the importance of the welfare of children and families (UNICEF, 2009; UNCRC, 1989; ACWRC, 1990; Department of Welfare, 1997; Department of Social Development, 2013; RSA, 1996; Patel, 2015; South African Government, 2017).

It is further emphasised that families need to function well and healthily for children to grow up in an environment where their rights are protected, they are cared for and their basic needs are met, their development is supported, they are loved, and live in harmony. When a child lives in an environment that is conducive to their well-being on all levels, they will most likely flourish. The international and national policy and legislative documents mentioned in this

chapter also affirm that providing such an environment is a family's responsibility, but that they should receive state support if they cannot provide such an environment in their own capacity. Such support would include social work services by a social worker to the family as a unit.

There is a high correlation between poverty and social problems. In a study conducted by Bywaters, Bunting, Davidson, Hanratty, Manson, McCartan and Steils (2016) across many countries, it was found that there is not a linear divide, but a strong link between poverty and the likelihood and severity of child abuse and neglect by parents. As mentioned in Chapter 1 of this study, over 88 600 children in South Africa were declared in need of care and protection between 2010 and 2011 and almost half (45%) of all children in South Africa are in alternative care due to being neglected or abandoned (UNICEF South Africa, 2017).

If the statistics on poverty and reasons for alternative care in South Africa are considered, it can be concluded that the likelihood for a South African child to experience abuse, neglect, and abandonment is very high. Thus, there is a great need for social services in South Africa and with such high odds stacked against them, many families are in dire need of social work intervention in an attempt to preserve their family, as indicated in policy documents (White Paper for Social Welfare, 1997).

2.5.1 The need for alternative care

In 2009/2010 approximately 88 600 children were found in need of care by the South African children's courts. Almost 45% of children in alternative care were abandoned or neglected. According to Kirst-Ashman and Hull (2009) some indicators of child neglect are a lack of attending to their physical and mental needs, neglecting their educational needs, such as not ensuring that they attend school regularly, a lack of adequately supervising children, such as leaving them alone with no care or oversight, neglecting to provide children with food, as well as inadequate sanitation and hygiene which is a detrimental factor to child health. Psychosocial indicators such as children presenting with behavioural problems and mental health symptoms such as attachment difficulties, depression and anxiety, could also point to child neglect. These indicators of neglect are red flags for early intervention and prevention.

In South Africa, poverty in conjunction with the impact of HIV/AIDS, is a major contributing factor to child neglect. Amongst South Africa's children who are placed in alternative care or

abandoned, poor children are overrepresented. Family strengthening and early interventions are extremely important in alleviating the impact of poverty and high rates of child neglect. Social assistance helps greatly but it should be combined with strategies that tackle child neglect comprehensively (Kirst-Ashman & Hull, 2009).

2.6 CHILD AND FAMILY SOCIAL WORK SERVICES RENDERED IN SOUTH AFRICA

The extreme levels of poverty, child abuse, neglect, and abandonment, as well as the urgent need for social work services to children and families were made explicit in the previous section. In this section, the scope of social work services rendered by social workers in South Africa to children and families will be conveyed and discussed.

2.6.1 Levels of service delivery by social workers: The Integrated Service Delivery Model (ISDM)

According to the Framework for Social Welfare Services (Department of Social Development, 2013), there are four levels of service delivery in social welfare that exist on a continuum referred to as the Integrated Service Delivery Model: prevention, early intervention, statutory/residential/alternative care and reunification and aftercare. Child and family welfare social workers can render services at any of these levels, the type of service rendered would depend on where a family is at on the continuum and what the need is. This will now be discussed in more detail.

2.6.2 Types of services rendered by social workers on the levels of the ISDM

Social workers deliver various types of services in a child and family welfare set-up within the four different levels of the ISDM. Services that social workers render include but is not limited to child and family assessments, therapeutic programmes and counselling, family preservation services, removal and placement of children, foster care services, adoption services, permanency plans as well as family reunification, integration and aftercare (RSA, 2005). There are many sections in the Children's Act stipulating that social workers should provide counselling to children and family members, (RSA, 2005). Making it clear that counselling can be useful on all levels of the ISDM. The different levels of the ISDM will now be discussed with a detailed reference to the services rendered by social workers on each level.

2.6.2.1 Prevention level

Prevention is defined as occurring before a problem is fully visible or developed. The prevention level requires from social workers to move away from the medical-based disease model, where practitioners wait for an illness or problem to develop before treating it, to a practice philosophy that focuses on long-term healthy development (RSA, 2005; South African Government, 2013; National Research Council and Institute of Medicine, 2009). The goal of prevention services is to prevent risks from turning into major problems (McCave & Rishel, 2011).

The prevention level of service delivery focuses on preventing development needs from becoming social challenges or risks and instead strengthening and building the capacity, self-reliance, and resilience of target service beneficiaries (Department of Social Development, 2013).

Social workers render child and family welfare services on the prevention level by running community-based programmes and awareness campaigns in schools and other community settings to focus attention on risks for communities or families that can turn into problems that will require intervention. Such services empower families and communities by providing vital information and linking them to important resources that enhance their over-all functioning and well-being and lessen the risks for intervention and removal of children from homes (RSA, 2005; South African Government, 2013).

2.6.2.2 Early intervention level

Early intervention refers to a social worker intervening with a family due to risks that have been identified and that need attention in order to prevent it from escalating to a statutory intervention. For example, it may have been reported to a social worker that both parents of the children involved drink too much alcohol and sometimes neglect the children when they are drunk. The social worker can intervene and educate the parents around the issue and help them to change their behaviour, whereas without intervention, the situation could escalate to a scenario where the children must be removed from the family. The social worker then needs to assess the family and child's functioning and needs (RSA, 2005; South African Government, 2013). According to the National Society for the Prevention of Cruelty to Children (NSPCC, 2015), assessments gather information about children and families which will assist the

practitioner in understanding the child's needs and in assessing whether the family or another service is currently fulfilling these needs, analysing the nature and level of risks the child is facing and identifying positive factors. It also assists the practitioner in deciding how to support the family in building on strengths and addressing problems to ensure the child's safety and improve the outcomes.

The early intervention level of service delivery focuses on limiting the impact of a risk and preventing the growth or progression of social problems. Facilitation of change in individual, environmental, and social factors are key to prevent a negative impact on wellness (Department of Social Development, 2013).

Social workers who render child and family welfare services to families on this level should focus on family preservation. Such services are rendered with the purpose of keeping children safe in their families through stabilising a crisis situation or to address very alarming safety concerns or risk factors that could lead to the removal of children. The intervention of these services is aimed at increasing a family's coping skills, strengthening its bonds and facilitating its use of formal and informal resources. Family preservation must first focus on prevention services, then on therapeutic services, and lastly on statutory services (Tracy, 1995; Strydom, 2012). Thus, family preservation services refer to social workers at family welfare organisations rendering preventative and therapeutic services with the aim of preserving the family and averting the removal of children.

The different types of services rendered by child and family welfare social workers on the early intervention level will be subsequently discussed.

i) Child and family assessments

Child and family assessments can fall under early intervention services and must be done in circumstances where there are risks. According to section 150 of the Children's Act (RSA, 2005) these services can be classified as statutory services where a child would be identified as in need of care and protection. When it is found that a child needs care and protection, the case must be referred for assessment or investigation by a designated child and family social worker. The social worker will have 90 days to compile a report in the manner prescribed on whether the child is in need of care and protection. This report will be considered by a

children's court when questioning whether a child is in need of care and protection and deciding on whether the child should be removed from their family, or what other action should be taken.

According to the Children's Act (RSA, 2005) ,the social worker's report must include a family's identifying details, an assessment of the child's developmental, therapeutic, and other needs, details of the family preservation services that have been considered or tried, and a documented permanency plan that takes the child's age and developmental needs into account and that is aimed at achieving stability in the child's life and contains the prescribed particulars. The best way of securing stability in the child's life must be considered, this includes leaving the child in the care of their parent or guardian under the supervision of a social worker with the child's safety and well-being receiving first priority, placement of the child in alternative care for a limited amount of time to reunify the child and the parent or guardian with a social worker's assistance, placement of the child in alternative care with or without terminating the parent or guardian's parental rights and responsibilities, making the child available for adoption, or the issuing of instructions in the evaluation of progress made with the institution of the permanency plan at marked intervals.

ii) Therapeutic programmes and counselling

Part of early intervention services includes therapeutic programmes, counselling, and family preservation. Social workers assist families to improve their relationships and to cope with difficult situations (Williams, 2017; Strydom, 2012; RSA, 2005).

According to legislation, social workers must assist the child and the family through individual or family counselling to protect the children and to preserve the family (RSA, 2005). The Association for Family Therapy and Systemic Practice (2017) defines family counselling as assisting people in a close relationship to help each other. It enables family members, couples, and others who care about each other to safely express and explore difficult thoughts and feelings, to understand each other's experiences and perspectives, appreciate each other's needs, to capitalise on strengths and make valuable changes in their lives and relationships.

Social workers guide families through the counselling process and help them identify problems, set goals, and find solutions to their problems. Social workers facilitate communication by encouraging family members to communicate. They act as neutral third party to help family members share their fears, concerns or disappointments in a non-

confrontational manner. Social workers intervene and sometimes suggest immediate solutions, even if it is short-term to help families work through their problems. Social workers also teach families how to work together to solve their problems and to prevent future problems (Williams, 2017).

Family counselling is applicable and important on this level since if social work intervention is necessary, the family needs support and counselling to strengthen their bonds, bring insight and help family members to change behaviours that are causing problems and that could lead to the removal of a child. Family counselling is furthermore important on this level because it could mean the difference between preserving a family or removing a child from a family, and the preferred outcome would be to preserve the family, as is the aim of the Bill of Rights in the Constitution, the Children's Act, the White Paper on Social Welfare, and the White Paper on Families.

2.6.2.3 Statutory level

Statutory services are the third level in the ISDM at which services can be delivered. If services on the early intervention level was not successful and a child's life or well-being is seriously threatened, statutory services that require for children to be removed from the family by a designated child protection social worker, must be rendered (Department of Social Development, 2006; Department of Social Development, 2004). The process of statutory intervention will now be discussed.

i) Removal of children to temporary safe care without a court order

Section 152 of the Children's Act (RSA, 2005) stipulates that if there is reason to believe that it is the best option for the child at that point in order to secure the child's safety and well-being, a social worker may remove that child and place the child in temporary safe care without a court order by way of Form 36. The parent or guardian, if they can be traced, must be informed within 24 hours after the child's removal. The clerk of the children's court must be informed at the latest on the next court day of the child's removal and the matter must be reported to the relevant provincial Department of Social Development.

ii) Decision of whether a child is in need of care and protection

Section 155 of the Children's Act (RSA, 2005) stipulates that a children's court must decide whether a child is in need of care and protection. If a social worker has found after assessment or investigation that a child is in need of care and protection, the child has to be brought before the children's court. The children's court may postpone the matter for a maximum of 14 days at a time and may order that the child remain in temporary safe care, be transferred to another place of temporary safe care, remain with the person in control of the child, be put in care of a family member of the child, or be placed in temporary safe care. The court must have regard for the report written by the designated social worker when deciding on the matter of whether a child is in need of care and protection.

iii) Children found to not be in need of care and protection

If a children's court finds that the child is not in need of care and protection, the court must order that the child, if in temporary safe care, be returned to the care and control of the person that was in control of the child before the child was put in temporary safe care. The court may make an order for early intervention services to the child and family. If the child is not in temporary safe care, the court must decline to make an order.

iv) Children found to be in need of care and protection

If a children's court finds a child to be in need of care and protection, the court may make an order that is in the best interest of the child. As referred to in section 46 of the Children's Act (RSA, 2005), the court may order that the child remain under the control of the person that retains control if this person is found to be suitable in providing for the safety and well-being of the child, or that the child may be returned to the person under whose control the child was before being placed in temporary safe care. The court may order that the person under whose control the child was must arrange for the child to receive care from a partial care facility at the expense of this person if it is clear to the court that the child came into the need for care and protection due to this person lacking the time to care for the child.

If the child found in need of care and protection has no parent or caregiver or the parent or caregiver is unable or unsuited to care for the child, the court may order for the child to be placed in foster care with a foster parent, or foster care in a cluster foster care scheme, or in

temporary safe care, pending an application for, and finalisation of, adoption, shared care in the case of different caregivers, or centres that alternate in caring for the child at different periods, or a child and youth care centre as referred to in section 158 of the Children's Act (RSA, 2005).

v) Foster care services and child and youth care centre placements

There are two types of alternative care placements for children that were removed from their family's care and that need an alternative care placement upon the finalisation of their children's court proceedings, namely a foster care placement or a placement in a child and youth care centre (CYCC). Both these options will be discussed in more detail.

vi) Foster care services

The purpose of foster care is to protect and nurture children by providing a safe, healthy environment with positive support and to promote the goals of permanency planning towards family reunification, or by linking children to other safe and nurturing family relationships that are intended to last a lifetime.

The Children's Act states in sub-section 180 (RSA, 2005) that a child is in foster care when the child has been placed in a person's care that is not the child's parent or guardian due to an order of a children's court or a transfer in terms of section 171 of the Children's Act (RSA, 2005). Children who have been placed in temporary safe care or in the care of a child and youth care centre are not considered to be in foster care. A child may be placed in foster care by a children's court with a person who is not a family member, or with a family member who is not the parent or guardian, or with a registered cluster foster care scheme. Cluster foster care can best be described as a few children being in the foster care of one caregiver at the same residence.

Before a child is placed in foster care by a children's court via a court order in terms of section 156 of the Children's Act (RSA, 2005), the court must consider the social worker's report regarding the child's cultural, religious, and linguistic background as well as the availability of a suitable person with a similar background to that of the child and who is willing and able to provide foster care to the child. During the time of foster care placement, which usually lasts two years, unless extended, a social worker will supervise the placement at least once every

two years to monitor, evaluate, and write reports about the placement. Foster care services get terminated when a child turns 18 years old, unless the child is yet to finish school. In that case a report in terms of section 176 of the Children's Act (RSA, 2005) will be written by a social worker every year that the child is still in school, until the child turns 21, whereupon the placement will be terminated at the end of that year.

In a study by Mnisi and Botha (2016) on the breakdown of foster care placements, the factors that contribute to such breakdowns are discussed. This indicates that foster care placements do not always work out, that foster families need more intervention than a single visit once in two years and that they need more intensive input to preserve the foster care placement until the child can be reunified with his or her biological parents. After a child is placed into foster care with a family, it will be a major adjustment for the child and the family. The child and foster family will need as much support and counselling as possible to make the adjustment smoother. Family counselling and support services thus need to be rendered on a much higher level to ensure that the success of foster care placements is in the best interest of the child, as should always be the most important aspect according to section 7 of the Children's Act (RSA, 2005).

vii) Child and youth care centres (CYCC)

A child and youth care centre (CYCC) is a facility that provides residential care to more than six children that have been removed from their family environment and that is in accordance with a residential care programme appropriate for the children in the facility. A CYCC must offer a therapeutic programme that is designed for the residential care of children outside of their family. These programmes are designed for various reasons suited to the children in the centre's specific needs. A social worker will bring the case for a child to be placed before the children's court and if the court rules that the child should be removed and placed, the social worker will arrange the placement, stay involved in working with the family, and facilitate the reunification of the family if it is possible as stipulated by the Children's Act as amended by Act 41 of 2007 (RSA, 2005; RSA, 2007).

Whilst the child is in the CYCC, the social worker at the CYCC, as well as the designated social worker that placed the child in the CYCC, will at different times and for different reasons do family counselling with the child and his or her parents, either at the CYCC, or perhaps when the child is on holiday leave and is visiting the parents or family. As there would from time to time be problems in a foster care placement as discussed above, there could also be

problems that need to be addressed surrounding a child in a CYCC or their family, for which family counselling and support will be needed.

2.6.2.4 Family reunification, integration, and aftercare

If the children's court find it possible and if it is in the child's best interest that there could be a reunification between the child and the child's biological parents before the child is placed in alternative placement, the court must issue the placement order with conditions that provide for a social worker to facilitate the reunification as stipulated in section 156 of the Children's Act (RSA, 2005). If the reunification process had not taken place two months before the expiry date of the court order, the social worker facilitating the reunification must submit a report to the children's court explaining why the child was not reunited with its biological parents and recommending steps that may be taken to stabilise the child's life. The children's court will consider the report and may order that the social worker must continue to facilitate the reunification or order that reunification services be terminated if there are no prospects of reunification.

Reunification and aftercare is the level of service delivery where service beneficiaries regain control and self-reliance over their own lives for optimal social functioning in the least restrictive environment possible. After separation, the role of a social worker in child and family welfare services is to facilitate the reintegration of family and community life (Department of Social Development, 2013).

According to the Children's Act, part of this facilitation would be to provide family counselling to the child and family, separately, and together to prepare them for the reintegration of the child into the family (RSA, 2005). It would be very important for the social worker to help the child and family member process their feelings and prepare them for the reality of the reintegration and what it would entail, as well as what is expected of them. A social worker that facilitates the reunification of a child and their family must address the causes of why the child left the family and take preventative steps to prevent a recurrence and provide family counselling to the child and the family before and after reunification (RSA, 2005).

2.6.3 Challenges experienced by social workers in child and family welfare organisations in South Africa

Having discussed the scope of services that should be rendered by designated child and family welfare social services in South Africa on the different levels of the ISDM, as well as the need of services highlighted in a previous section, it is clear from literature and various studies that social workers in the child and family welfare sphere in South Africa face many different types of challenges in their profession. It is these challenges that makes it extremely difficult for social workers to fulfil their roles as required by service users and stipulated by legislation (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004; Strydom, 2010; Strydom, Spolander, Engelbrecht, & Martin, 2017).

2.6.3.1 Lack of infrastructure and resources

Social workers in South Africa, especially in rural areas, face difficulties in the workplace in that there are no resources or infrastructure. There is a lack of offices and office space, lack of office equipment, a shortage of vehicles or unsuitable vehicles for rural areas, and a lack of funding for projects in organisations. It was also found that there is a lack of resources in communities to address the needs of clients (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004; Strydom, 2010). Furthermore, social workers often have to cover great distances to render services to clients causing them to spend time on the road instead of servicing clients (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004).

Due to the lack of resources in their organisations and in communities, social workers find it very challenging to implement certain sections of the Children's Act (Sibanda & Lombard, 2015). September and Dinbabo (2008) suggest that for the Children's Act to be successful, efficient, and effective infrastructure needs to be put in place.

2.6.3.2 Difficulties regarding clients

Community members have a lack of understanding the role of social workers and social workers often get burdened with unresolved problems from the community. Other challenges experienced are the illiteracy levels of clients, clients not having identification documents, clients' levels of poverty, their lack of motivation, action and cooperation, clients' cultural or traditional practices also hinder the rendering of social work service and there is often a lack of confidentiality (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004).

2.6.3.3 Cooperation between key role players

It was mentioned by participants in studies (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004) that there is a lack of courtesy and cooperation amongst non-governmental organisations (NGOs), government and state departments, and service providers. It was also stated that there was a lack of communication between these role-players and that some social work departments or offices are so busy that they simply do not reply to social workers regarding certain requests. This is problematic because it causes a fragmentation in service delivery and a lack of continuity and congruence in the processes required and the reality of the services actually delivered.

2.6.3.4 Supervisory and organisational support

Social workers have expressed that they experience a lack of support from their supervisors and organisation in assisting them in their service rendering to clients (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004; Mayer, 2001). For most of the participants interviewed in these studies, they either were not receiving supervision, or the supervision was focused on maintaining organisational standards and not on growing knowledge and skills.

2.6.3.5 High caseloads

Participants in research studies (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004; Strydom, 2010; Dlamini & Sewpaul, 2015; Nhedz & Makofane, 2015) have expressed that they experience difficulty regarding high caseloads, a shortage of staff, and multiple role responsibilities. According to Alpaslan and Schenck's (2012) literature review it is a nationwide issue in South Africa. Govender (2007) states that in extreme cases, social workers have between 300 and 600 cases, whilst social workers in Britain have between 13 to 20 cases.

The shortage of social workers in South Africa is estimated to be between 16 000 and 60 000 (Alpaslan & Schenck, 2012; Proudlock & Debbie, 2011). The Minister for Social Development, Bathabile Dlamini, stated in 2013 that there is a 77% shortage in South Africa of social workers. According to Minister Dlamini 66 329 social workers were at that stage required to be able successfully implement the Children's Act in child and family welfare organisations, but that only 16 164 social workers were registered to practice in South Africa (Waters, 2013).

The state of affairs regarding high caseloads and shortage of social workers (especially in rural areas) have led to social workers only practising one method of social work, namely case work, while completely leaving out community development work (Alpaslan & Schenck, 2012). In a study conducted by Strydom (2010), many participants stated that the caseloads were simply too high for the few social workers to be able carry out all the work. According to more recent studies (Wilberforce, Jacobs, Challis, Manthrope, Stevens, Jasper, Fernandez, Glendinning, Jones, Knapp, Moran, & Netten, 2014; Calitz, Roux & Strydom, 2014), it seems that there are no change in the number of social workers even though there is a lack of and the fact that more social workers are needed to help lessen the caseload of each social worker and decrease burnout and high staff turnover.

The result is that social workers are constantly in crisis mode, responding only to crisis situations and putting out fires, with little to no time to render prevention and preservation services. According to the Australian government (Ministry of Social Development, 2014), a caseload of eight to eighteen cases would be acceptable. This was the result of an investigation into Australian social workers that were frequently sick, stressed, and unable to cope with their workloads. In South Africa, the Department of Social Development (2009) stated that the shortage of social workers in South Africa contributes to a lack of capacity to implement programmes in communities that deal with important social issues.

2.6.3.6 Administrative demands and requirements

According to authors across the globe and specifically in South Africa (Robb, 2013; Dougan, 2014; Calitz, Roux & Strydom, 2014; Whitaker, Weismiller & Clark, 2006) there is a world-wide problem of social workers having too many administrative tasks keeping them in their offices and away from clients. The increase in paperwork and administrative expectations have caused a decrease in job satisfaction for social workers and a decrease in the use of their actual social work skills, since so many hours of their time is being taken up by administrative tasks. This adds to the stress of social workers in child and family welfare, as in addition to their high caseloads, they have to perform administrative tasks, and this adds to them feeling that they cannot cope with everything that is expected of them.

2.6.7 Poor salaries

It has been described in various different literature by social workers and objective parties that social workers, especially in non-government organisations, earn poor salaries. In addition to all the aforementioned challenges, this would be another reason why there is such a high turnover of social workers in South Africa (Alpaslan and Schenck, 2012; Kruger, 2008; Schenk, 2004; Nhedz & Makofane, 2015).

2.7 CONCLUSION

Healthy families are the cornerstone of a society and it is utterly important that families fulfil their functions to all their family members, especially children, who are dependent on their family for stability, love, support, nurturing, and provision in their needs as prescribed by international and national policy and legislation. International legislation that is noteworthy for children, families, and social workers rendering child and family welfare services includes but is not limited to the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of Children (ACRWC). National legislation applicable to South Africa is section 28 of the Bill of Rights in the Constitution, the Children's Act, the White Paper for Social Welfare, and the White Paper for Families. These are the major policies and pieces of legislation that have an impact on the lives of children and families and prescribes service delivery in this regard.

Even though South Africa has been a democracy since 1994, the country and the majority of its people are still struggling with a steady increase in poverty and the long-lasting effects of colonialism and apartheid. These issues have a direct influence on the socio-economic problems that are specifically affecting children and families. It was found that women in female-headed households bear the biggest burden of the poverty issue. A correlation was found and supported by various literature sources that socio-economic problems, and specifically poverty, increase the likelihood of child abuse and neglect. This leaves children in impoverished households very vulnerable to abuse and neglect, classifying them as high risk.

Social workers render a variety of child and family welfare services on the various levels of the Integrated Service Delivery Model (ISDM), namely prevention, early intervention, statutory intervention, and reunification and reintegration, depending on the status of a community or household. As far as is possible, it is the aim of social workers to preserve

families and keep them together. Family counselling is one of the intervention strategies that can be used to attempt to preserve families by focusing on issues that may lead to child removals. If it is not possible to provide family counselling, statutory services need to be rendered causing children to be removed from their homes and placed in alternative care. Thereafter, a social worker would render family reunification services with the aim of reunifying the children with their families if possible. Family counselling can be utilised on the statutory and reunification levels of the ISDM as well, because if a child is removed from his or her home, all the family members, including the child, will require counselling to sort out issues and overcome challenges on the reunification level so that children can be placed back with their family.

Even though there are policies and legislation that advocate the well-being and best interest of children and families, the challenges that social workers face in trying to bring about change is significant. Apart from a shortage of 16 800 social workers in the child and family welfare field of child protection, there is also a shortage in organisational and community resources and a communication gap between major role players. It is thus clear that even though social workers try to implement the principles of the Children's Act, there are many shortfalls in the process of rendering adequate and efficient social services to children and families in South Africa.

CHAPTER 3

UTILISATION OF FAMILY COUNSELLING IN CHILD AND FAMILY WELFARE SERVICES FROM A SYSTEMS THEORETICAL POINT OF DEPARTURE

3.1 INTRODUCTION

The aim of this chapter is to address the second objective of the study, which is to describe the utilisation of family counselling in child and family welfare services from a systems theoretical point of departure.

South African legislation such as the Children's Act (RSA, 2005) and section 28 of the Constitution of South Africa (RSA, 1996) and policy documents such as the White Paper for Social Welfare (1997) and White Paper on Families (2013) place major emphasis on the support for families, family strengthening, and family preservation. Family counselling is one form of intervention in supporting, strengthening, and preserving families that can improve circumstances for children and the other family members in the home. Even if a case has moved past the point of family preservation and keeping children in the home, family counselling can then be useful in helping family members process difficult feelings, as well as aid in reunifying the family.

In this chapter, family counselling will be defined and described, the role that family counselling has in a child and family welfare organisation will be explored and detailed, and the advantages of family counselling will be delineated. The General Systems Theory and Family Systems Theory will be defined and discussed and related to the family counselling process, since these theories help us understand the family in their context and the family system itself.

3.2 CHILD-FOCUSED AND FAMILY-CENTRED PRACTICE

Practice calls for social workers to maintain a key focus on the child within a family-centred context. Section 7 of the Children's Act (RSA, 2005; Department of Social Development, 2013) states that the best interest of every child should always be the focus of parents, any organ of state, or any person working with a child, and that the best interest of a child is paramount to anything else stipulated in the Children's Act or any matter relating to a child.

Such a focus suggests that in most cases, the child can best be assisted by acknowledging the family as the central unit of service. People can best be understood and helped within their own environment and the family serves as the most intimate environment, since it is in the family that a child develops and forms his or her identity and basic competence. The family potentially provides resources throughout its life cycle, especially as its numbers are sustained and supported through a variety of services (Germain & Bloom, 1999; Maluccio, Pine & Tracy, 2002; Miller, 2012). It is within this arena that social workers can intervene to assist in strengthening communication, parenting skills, and parent-child relationships (Maluccio, Pine & Tracy, 2002; Miller, 2012).

Social workers implementing child-focused and family-centred practice have some important guidelines to remember. A big emphasis of this practice is prevention and intervention strategies that reduce stress and risk and promote coping and resilience in the child and family (Maluccio, Pine & Tracy, 2002). Prevention and early intervention are also emphasised by the Children's Act and ISDM. Practitioners must understand the relationship between race or ethnicity and issues regarding family norms, ways of child-rearing, childhood and family poverty, discrimination, and the funding of social services (Maluccio, Pine & Tracy, 2002).

Assessment and intervention should focus on the family's transactions with the kinship system, school, community organisations, and other social networks that affect the family's functioning. Not only are intervention strategies directed at engaging the family in a helping process, but also at changing the social systems that influence it. Emphasis is placed on case management strategies and community-based approaches help to empower vulnerable families (Rothman, 1994).

There are many parents who can be assisted in becoming rehabilitated or to plan in a responsible manner for their children through family intervention approaches as an alternative to child removal, or as methods of speeding up the reunification of removed children with their families. When children are separated from their parents due to hospitalisation, imprisonment, foster care placement, or residential placement, family ties should be preserved as much as possible by means of consistent parental visiting. Foster care, group care or residential placement of children should be viewed as only a part of the overall service delivered and not as the entire service itself; it should be seen as a tool and not as an end in itself. Effort must be made to have parents, foster parents, or other child-care personnel view themselves as partners

in a mutual undertaking, with common goals and reciprocally supportive and complementary roles (Maluccio, Pine & Tracy, 2002).

Often, a major source of help can be the family's extended kinship system. In many cases, the extended family with agency support, can help a parent to avoid or reduce duration of the placement of children in an unfamiliar setting (Danzy & Jackson, 1997; Everett, Chipungu & Leashore, 1991). Section 10 of the Children's Act (RSA, 2005) promotes child participation and hearing the child's voice, in line with appropriate age, understanding, and level of maturity. It is thus understood that children can be actively involved in the intervention process, including making decisions regarding what the best permanent plan for them would be as they often have a lot to say that should be considered in planning services on their behalf (Martin & Palmer, 1997; Mech & Rycraft, 1995).

Most importantly, the safety of children and their families are regarded with major importance and vigorous efforts should be made to provide a safe environment for children wherever they might be living. However, risk and vulnerabilities in children's environments go further than family conflict or inadequate parents and can include various other factors such as poverty, poor housing, and violence in the community (Maluccio, Pine & Tracy, 2002).

3.3 THE SYSTEMS THEORY

The following section is about the systems theory with a focus on the family and interactions within the family. The General Systems Theory and the Family Systems Theory will be discussed as they are the theoretical points of reference for this study. The General Systems Theory looks at all the systems that have an effect on the family system, and the Family Systems Theory focuses more specifically on the family system itself by looking at the causality (communication exchanges between family members) and the family's rules, boundaries, subsystems, stability and their openness to change (Goldenberg & Goldenberg, 2002; Goldenberg & Goldenberg, 2008; Walker, 2012; Miller, 2012; Rivett & Street, 2009).

3.3.1 The Systems Theory: The family as a social unit

Many years ago, it was standard for social workers and other counselling professionals to look at family problems with a focus on a particular family member with a "problem" that would usually get blamed for any difficulties the family would be experiencing. A search for the

meaning and origin of this family member's behaviour would typically turn to explanations that focused on this person, specifically his or her internal or intrapsychic conflicts. Around the middle of the twentieth century, counsellors began to broaden their horizons to include a focus on family relationships and turned to the study of recurring patterns within a family system and the impact these patterns would have on the behaviour of individual family members (Goldenberg & Goldenberg, 2002). At the time this approach was revolutionary as it went against the popular focus that viewed the 'symptomatic' individual as having emotional and psychological problems in isolation from the family (Walker, 2012).

The idea was put forth around the 1960s that family members function as an emotional unit and that it would be easier to understand someone and their problems when they are seen within the context of their family attachments and relationships. This theory became known as the Family Systems Theory and had a major impact on family counselling approaches and ways to understand individuals and families around the world (Khan, 2018).

Spurred on in more or less the last decade of the 1900s by the postmodern revolution in the arts and sciences, counsellors broadened their view again to include the cultural context in which problems occur. Post-modernists argued that the systems view of perceiving people's problems as stemming entirely from faulty family relationships was too narrow (Goldenberg & Goldenberg, 2002). Instead they consider many of the family's problems for which they seek counselling as embedded in the context of inequality, including those relating to gender, race, ethnicity, class, economics, age, as well as historical, cultural and behavioural patterns and belief systems (Miller, 2012). The systems theory has provided much of the theoretical scaffolding for family counselling research and practice (McLeod, 2013) which applies to social work practice as well, since social workers utilise family counselling.

3.3.2 Behaviour in Family Context: Understanding the Systems Theory

Beginning in the late 1940s, researchers and clinicians in the social sciences began to look beyond the past for explanations of present and ongoing behaviour. Counterparts in biology were beginning to comprehend the complex ecological system in which all different forms of life share a common environment, reciprocally affecting each other so greatly that it would be naïve to think about them separately. This spurred social scientists to wonder whether it might be useful to consider that individuals too live in a similar kind of ecological system, namely their family. Social scientists sought a scientific model and were attracted to the general

systems theory, which was proposed earlier by a biologist, Ludwig van Bertalanffy and his colleagues. The emphasis of this theory is on the unity of living systems that intend to be relevant to all behavioural and social sciences alike (Goldenberg & Goldenberg, 2002; Miller, 2012; McLeod, 2013), including social work.

Systems concepts soon became a useful language for conceptualising a family's interactive processes. The father of this approach was Dr Murray Bowen, as he put forth the Bowen Family Systems Theory (Khan, 2018). The thinking was that if a family is greater than a collection of individuals but instead a whole larger than (and not the same as) the sum of its parts, individual behaviour would be more clearly understood within the family context as a whole and the family itself becomes the subject of analysis. The way in which a family reaches agreements and negotiates about differences tells us a lot about the nature of the family system (Goldenberg & Goldenberg, 2002; Miller, 2012).

Within this framework, an individual's troubled or disturbed behaviour, such as anxiety, depression, alcoholism, or drug misuse for example, is seen as representing a faulty system, not an individual deficit or deficiency. The person's present issues might then be looked at more accurately as pointing to a social system that is in disequilibrium; that has been destabilised or is in a (possibly temporary) state of imbalance. Turning the focus from pure attention being paid to an individual's internal conflicts to a focus on family patterns, the systems theory has significant implications for the manners in which counsellors and social workers view, think about, and intervene in human social phenomena (Goldenberg & Goldenberg, 2002; Miller, 2012). For example, if a child is presenting with behaviour problems, a social worker would see the entire family to understand the child's behaviour in context and get to the root of where the behaviour is coming from.

Systems theory is not particularly translatable into specific techniques for counselling but provides counsellors with a manner of organising their thinking about people and the aetiology of their behaviour. Viewed from a postmodern vantage point, systems theory lays the foundation for intervening with individuals, couples, and families within the cultural and ethnic contexts in which they are embedded, which offers the social worker a paradigm from which to view multiple causes and contexts of behaviour. From a systems view, every occurrence within a family is multiply determined by all the forces that operate within the system. An individual in the family's behaviour is seen to be an expression or manifestation of interactional

processes that are presently taking place within the family system as a unit (Goldenberg & Goldenberg, 2002; Miller, 2012).

This view, with the fundamental unit of study being the system itself and not the individual, turns our attention to a family's established sequences or patterns of behaviour instead of only focusing on individual deficit. The repetitive patterns that families form over time becomes the essence of the family system. Constantine (1986) points out that the family is a good example of the organised complexity for which the systems theory is the most applicable view. This view is supported by Rivett and Street (2009).

Constantine (1986) maintains that in determining the problems in a family, the factor is neither the number nor severity of a family's problems, but instead it is the family's reaction to the problems and the extent to which their problems disables the operation of the family system. Thus, a social worker's intervention with a family where symptoms have manifested will focus on how the family reacts to and addresses problems when they do occur, and work on altering these reactions if they are causing problems in relationships among family members.

The systems theory can be beneficial in identifying repeated behavioural patterns in a family and the impact of such patterns on the behaviour of family members (Goldenberg & Goldenberg, 2002). A family functions on the basis of different subsystems in the family that are interdependent to support the bigger unit, the family system (Goldenberg & Goldenberg, 2008). Each subsystem in the family has a different function that is necessary for the family to be a healthy system. Social workers rendering family counselling services to families need to be aware of potential problems and challenges that a family system can experience that could hinder these families from being a healthy and well-developed system (Birkenmaier, Berg-Weger & Dewees, 2014).

3.3.3 Subsystems in families

There are four types of subsystems in families with children, the spousal subsystem that consists of the husband and wife couple, the parental subsystem, the child subsystem and the external family subsystem. These subsystems influence each other through mutual interaction between and the inter-dependence of the subsystems. The subsystems in families help to identify and distinguish certain relationships from each other (Goldenberg & Goldenberg, 2008).

3.3.3.1 Spousal subsystem

The spousal subsystem consists of the interaction between the couple that are the parent(s) to the child(ren). The couple can be married or cohabitating and can be heterosexual, homosexual, or otherwise not specified. The spousal subsystem is one of the most noticeable and enduring subsystems in the family system. The partners must, as members of the spousal subsystem, communicate and cooperate in ways that benefit and maintain the marriage. The partners model marital behaviour to the child as the spousal subsystem, teaching the child about interaction, communication, intimacy, and commitment in a marriage. If the spousal subsystem malfunctions, it flows over into and affects the other subsystems in the family which will affect the child (Lehman, 2005).

Working together, the members of the spousal subsystem function to rear children (Lehman, 2005). The spousal subsystem is responsible to raise, care, provide, guide, and discipline the child (Goldenberg & Goldenberg, 2008). This includes couples who are parents to foster or adoptive children as outlined and specified in the Children's Act.

3.3.3.2 Parent-child (parental) subsystem

The parent-child subsystem refers to the relationship that develops between the children and their parents and the interactions that take place in this relationship. This subsystem can include grandparents and older siblings taking on parental roles at times (Goldenberg & Goldenberg, 2008). Parents develop a parenting style to fulfil their role as parent. The parenting style is determined by the way in which the parental subsystem make decisions and the type of authority the parents exert. When parents do not make decisions together and the decisions are in conflict with each other, it can lead to children not respecting one or both parents, and/or to confusion due to two different parenting styles. The type of parenting style followed and the effect it has on the children, also have an influence on the parental subsystem's quality of marriage or relationship. When the parenting style is not successful and does not have a positive effect on the children, the parents and children can experience dissatisfaction. Problems in the spousal subsystem are evident when parents have different approaches on child-rearing or on rule implementation. When children persistently violate rules, it could also reflect a breakdown in some regard of the parental subsystem (Lehman, 2005). Due to the child subsystem and parental subsystem being able to influence each other in this regard, an imbalance or

dissatisfaction that is experienced in one subsystem can influence another subsystem (Bullard, Wachlarowicz, DeLeeuw, Snyder, Low, Forgatch & DeGarmo, 2010).

Experts in parenting styles are in agreement that the authoritative parenting style is the most effective and optimal style of parenting. This style of parenting entails for parents to set rules and boundaries that they consistently enforce, whilst at the same time nurturing the children so that they can meet the set-out standards. Parents should integrate high levels of responsiveness with high levels of demandingness in ways that are beneficial to the children's development. Authoritative parents are warm and empathic to their child's perspective, are involved with their children's lives, but this is balanced with a level of independence which ensures that it does not become overwhelming for the child (Baumrind, Berkowitz, Lickona, Nucci, Watson & Streight, 2008; Lascala, 2018).

3.3.3.3 Sibling subsystem

The sibling subsystem is made up of the children in the family and represents a child's first peer group (Goldenberg & Goldenberg, 2008). The give and take relationship of siblings helps each child in the family to learn about competing, negotiating, cooperating and functioning within the sibling group, and later attachment to friends (Lehman, 2005; Goldenberg & Goldenberg, 2008). Interaction between siblings is important for learning relationship skills that children will need when they venture out into the world and start interacting with others outside of the family (Lehman, 2005), as well as later in life in school and workplace relationships (Goldenberg & Goldenberg, 2008). The sibling subsystem is one of the most enduring and long-lasting relationships of a lifetime which often endures over a lifespan (Lehman, 2005; Goldenberg & Goldenberg, 2008).

3.3.4 Linear and Circular Causality

The different subsystems and members of subsystems constantly interact and communicate with one another- causality refers to the communicative interactions and reactions between and amongst subsystems and the family members within each subsystem. Two types of causality have been identified and will be discussed: linear and circular causality (Walter, 2018). It is important to understand communication patterns in families to be able to identify where problems and stumbling blocks in relationships within the families that need family counselling.

Pre-systems theories explained complex phenomena by breaking the whole into smaller parts and analysing these separate, simpler parts. Smaller units of the bigger whole were thus investigated to get a scope of the cause of larger events. This is a simple Newtonian view of the physical universe in which it made sense to think in terms of linear causality: A causes B, which goes on to act upon C, which causes D to occur (Goldenberg & Goldenberg, 2002). An example of this would be that a husband treats his wife a certain way and because of how she is feeling she treats their children a certain way and the result of the way the children are acting would be the focus of social work counselling intervention.

Within psychological theory, an outlook like this took the form of stimulus-response explanations for complex human behaviour. This perspective sees all current behaviour as the product of a series of outside forces that build on each other in sequence and eventually produce the behaviour at hand. A psychoanalyst would likely view such forces as resulting from childhood experiences. The behaviourally inclined would view the causes to more likely be found in previous and current learning experiences. By focusing exclusively on the individual, both perspectives fail to acknowledge the context and process of the current behaviour and thus they do not fully understand the complex dynamics of a family system (Goldenberg & Goldenberg, 2002).

By comparison, the systems view is more holistic, it acknowledges and is attuned to tangled interpersonal relationships and emphasises the reciprocity of behaviours between people. Circular causality stresses that forces do not simply move in one direction, each event causing the next event, but rather that events move in a causal chain, each influencing and being influenced by the others (Goldenberg & Goldenberg, 2002, Walter, 2018). Using the same example of the family just mentioned, within the systems view, the focus will be on the interaction between all family members and how they affect each other, as well as the effect outside influences have on family members. For example, the way in which the mother parents the children and the influence their teachers and friends have on them would influence how they behave which could have an effect on the father, additional to work stress, which in turn affects the way he treats his wife, which affects the children and how they behave towards their parents. Within this view the circular notion of behaviour and the influence of outside forces are acknowledged.

A complex example of the circular tendency of feedback that leads to emotional and behavioural problems in children demonstrates the manner in which families can implicitly and

explicitly regulate communication patterns in being consistent with a set of value or beliefs (Miller, 2012). A social worker could get a report about a family with a teenager that is displaying extremely uncontrollable behaviour and that constantly gets into trouble at school. Upon investigation the social worker could discover that the family has very strict rules and closed boundaries and there is not much flexibility for the child's new life phase along with an authoritarian parenting style, leaving little room for any negation or discussion, leading to verbal arguments and tension, leaving both parents and the teenager feeling as though the fault lies with the other party.

3.3.5 Stability and Change

Every family system goes through phases of stability and change as life events happen and as family members communicate and interact with each other and the outside world (Goldenberg & Goldenberg, 2002). One principal thing all family counsellors agree on, is that change in one part of a family system will cause a response from other parts of the system (Geldard & Geldard, 2009). An ongoing living system such as a family must be able to tolerate change in order to maintain its continuity. A family with more resilience will be able to maintain its stability or equilibrium better as it encounters adversity. A key question facing any system, is the amount of change it can tolerate and still survive (Nichols & Everett, 1986).

Systems theorists refer to the concepts of morphostasis and morphogenesis to describe the ability of a system to remain stable in a changing context and to change in a stable context. Morphostasis refers to a system's tendency to achieve stability whereas morphogenesis refers to a system's allowance for growth, change, modification, and the adoption of new solutions (Speer, 2004). Both processes are necessary in well-functioning systems. In extreme situations, families must at times make major changes in their rules and processes to survive (Hawley & Haan, 1996; Strong, DeVault & Cohen, 2011). For example, a father with a very rigid parenting style and closed boundaries that is abusive towards his wife would need to change his perspective and attitude in allowing for social work intervention and changing his behaviour to preserve his family if removal of the children are an option due to emotional abuse of witnessing domestic violence between their parents.

Families must be open to possible changes in order to remain stable in the long run. Resisting change, for instance being unwilling to modify family rules under any conditions, can lead to stagnation. This could disrupt the family's level of functioning, as well as too many changes

taking place too quickly, which could result in chaos. Tension inevitably exists between forces that seek constancy and maintenance of the status quo on one side, and on the other side opposing forces that demand change. Morphostasis seeks for a family to emphasize interactions that involve negative or deviation-attenuating feedback and refers to the system's tendency towards stability or a condition of dynamic equilibrium. Morphogenesis asks for positive or deviation-amplifying feedback to encourage growth, innovation and change. Any living system's survival depends on the interaction of these two fundamental processes (Goldenberg & Goldenberg, 2002; Speer, 2004).

3.3.6 Rules and boundaries

All family systems have rules and boundaries. Some rules and boundaries are explicitly stated, and some not (Goldenberg & Goldenberg, 2002). Setting boundaries go hand in hand with assigning tasks to subsystems and individuals in the family (Goldenberg & Goldenberg, 2008; Dupuis, 2010). Boundaries differ with regards to their flexibility and rigidity (Braithwaite, 2001; Dupuis, 2010). Subsystems in the family are delineated from each other through boundaries to divide the family in terms of generation, interests of family members, and functions and roles each member fulfils. The boundaries that exist between subsystems limit the family members' personal space and determines in which way personal information is shared. Boundaries are also the invisible lines that separate family members from non-family members outside of the family and protects the integrity of the family (Goldenberg & Goldenberg, 2008).

Family boundaries can be open or closed (Goldenberg & Goldenberg, 2008). With closed boundaries, the parents are to some extent over-involved in their children's lives, whilst when parents are under-involved in their children's lives, it can lead to the boundaries being too open. Boundaries can be crossed between family members and between non-family members into the family. When a family member's boundaries are crossed against their will, it can feel to them as though their personal space is not acknowledged and there is intruding where it was not expected. When boundaries between family members are not respected, it can lead to conflict and disunity between them.

The crossing of boundaries, either from external to internal or internally, can also lead to the family system or individual family members not being able to carry out important planned or required life tasks that they need to carry out (Goldenberg & Goldenberg, 2008). Boundaries

create a feeling of unity and connection, and for that reason it is important to maintain and respect them. Boundaries can also be seen as a symbolic understanding between family members and accentuate their uniqueness (Allan, Crow & Hawker, 2011).

Every family system can be somewhere on the scale of being open or closed (Goldenberg & Goldenberg, 2002). According to Guttman (1991), all family systems are selective in their availability to new information and in being willing to incorporate such information into their system. Family systems may therefore be relatively open or closed and this will depend on the degree to which they are organised to interact with the environment outside of the family environment. An open system allows for input (new information) from its surroundings and sustains itself by actively interacting with these surroundings. Closed systems are not theoretically able to participate in such transactions, but systems are rarely if ever entirely isolated or closed off from the outside world (Goldenberg & Goldenberg, 2002). Open family systems would perhaps have a wider network of people in their lives and be more welcoming to the intervention of a social worker, whereas closed family systems would perhaps have a smaller network of people in their lives and be more resistant to the involvement of a social worker and less open to change.

The majority of families manage to balance their family systems between openness and closeness. Certain individuals find mostly closed family systems safe and secure and do not stray too far, physically or psychologically. Members may occasionally be expected to sacrifice their individual needs for the welfare of the family, but in the long run they get most of their important needs met through participating in the family. A problem with a closed structure is that it might become rigid and family members may run away, rebel, or feel isolated. A risk with open family systems, as desirable as they may be, is that having free expression could turn ugly and even divide the family into opposing factions. Incompatibilities may arise, and excessive strains might be the result. The open family system could become entropic and the family could ultimately break up (Goldenberg & Goldenberg, 2002).

Every family system has family rules. These rules can ensure that a family functions in an organised manner and that patterns are created based on the structure of the family system (Goldenberg & Goldenberg, 2008). Kotzé (2009) emphasises that rules have to be enforced on a consistent basis to ensure that they are followed. He further states that children should be involved in drawing up and developing the family rules to ensure that they follow them and to let the children feel included.

Negotiation regarding family rules and boundaries are important in allowing for each individual family member of the family system's needs to be taken into account. Rules and boundaries are needed in every family to ensure healthy interaction and communication between subsystems and family members. Rules and boundaries allow family members to know what each member's role and function is and what is expected of them, to ensure that they fulfil their function and to leave as little room for unnecessary conflict as possible. When family members cross boundaries and break rules in a way that is unhealthy and leads to conflict, a social worker can assist the family with family counselling in working through their problems to a stable and healthy state.

In conclusion it can be said that social workers in child and family welfare organisations need to have an understanding of systems theory (General Systems Theory and Family Systems Theory) to be able to understand family dynamics and to know which factors need to be assessed and evaluated when working with a family.

3.4 DEFINING FAMILY COUNSELLING

Family counselling is defined as assisting people in a close relationship to help each other. It enables family members, couples, and others who care about each other, such as grandparents, to safely express and explore difficult thoughts and feelings, to understand each other's experiences and perspectives, appreciate each other's needs, to capitalise on strengths and make valuable changes in their lives and relationships (The Association for Family Therapy and Systemic Practice, 2017). The Encyclopaedia of Children's Health (2017) states that family counselling involves all members of a stepfamily or nuclear family and in certain cases the extended family, such as grandparents.

A social worker doing family counselling will engage with the family system as a functioning unit. Family counselling aims to include and consider the needs of every member of the family and the key relationships in members' lives. It aims to recognise and build on people's strengths and relational systems and to work in partnerships with families. Family counselling also strives to enable family members to talk, together or alone, often about difficult or stressful issues, in a manner that invites engagement and supports recovery. A social worker will conduct a series of sessions to assist families in dealing with important issues that may interfere with a family's functioning or home environment and are potentially threatening to their stability. Some sessions may be with the entire family, some with the parental system, some

with siblings only, and some sessions may be with individual family members, depending on how the social worker sees fit in constructing such sessions (Australian Association of Family Therapy, 2018; The Encyclopaedia of Children's Health, 2017).

Most social workers doing family counselling today prominently consider gender and culture and the interface between the family and larger community in which it is embedded and with which it interacts (Goldenberg & Goldenberg, 2002; McLeod, 2013). Diversity in the counselling outlook of social workers is prevalent today for different reasons. Social workers practice in a variety of different settings such as social service organisations for children and families, hospitals, public and private clinics, solo or in group practice under health maintenance organisations and each of these facilities have their own policies and practices. Furthermore, there is a wide assortment of family configurations today (teenage parents, stepfamilies, gay parents, cohabiting couples, etc.) which makes it increasingly difficult to just have one intervention strategy to fit all solutions (Held, 1998; McLeod, 2013; Miller, 2012). That is why it is necessary for social workers to tailor each intervention approach to suit a specific family, as every family is unique. Thus, to counsel families in practice, it is important that social workers working at child and family welfare organisations must be knowledgeable about family counselling.

3.4.1 Importance for utilisation of family counselling in child and family welfare organisations

There is a great importance for the utilisation of family counselling in child and welfare organisations. It is understood that counselling skills form the foundation for building effective working relationships with clients. If social workers are going to effectively be assisting service users, knowledge about family counselling will be an important first step to form a good working relationship (Riggall, 2012). Most families that require services from a child and family welfare organisation have reached a crisis and need a social worker to assist them with family counselling (if the crisis has not necessitated the removal of a child).

When families need counselling, it is usually because they have reached a deadlock in their ability to resolve their own problems and to recognise the origins and triggers of their issues, causing conflict. A lot of families are not well equipped in dealing with conflict and when certain issues are left unresolved, it could lead some families into a state of crisis (Cummings & Schatz, 2012; Miguel, 2019).

When a family is experiencing a state of crisis, family counselling can provide a safe environment where families can freely express their feelings, ask questions, and come up with ideas to help the situation (Crittenden & Dallos, 2009; Miguel, 2019). Once a family can work through a crisis with a social worker, they can start to work on strategies for improving communication and building or rebuilding healthy family relationships (Cummings & Schatz, 2012). In a child and family welfare organisation, a social worker utilising family counselling with a family who is experiencing a crisis, can help to preserve the family and prevent unnecessary removals of children, as it is prescribed by the Children's Act and the Integrated Service Delivery Model (ISDM) that social workers should first render support and therapeutic services to families before rendering statutory services and removing children. Family counselling thus has a very important role in child and family welfare organisations.

Families can learn and develop the following skills in counselling, such as: listening skills and how to actively listen to other family members; identifying connotative (emotional) language and how to avoid connotative language; recognising conflict triggers that can lead to crisis and how to avoid such triggers; thinking and assessing before reacting to a situation; understanding and respecting boundaries; learning conversational skills; and learning communication skills (Cummings & Schatz, 2012).

Furthermore, families can learn how to direct empathy, how to have and show unconditional regard for family members, to define family roles clearly and identify within the family and as an individual, how to help the ones a family member loves and not hurt them, that experiencing anger does not translate into hating someone and to disapprove of someone's action and still love the person portraying the action (Cummings & Schatz, 2012).

Lastly, Cummings and Schatz (2012) maintain that with family counselling families can learn how to use "I" instead of "you" statements to communicate needs and desires without it leading to conflict, how parents can treat children with respect and respect their children's need for space and individuality whilst still being in a position of authority. Families can also learn that body language portrays a bigger and clearer message than words, that they can ask other family members for help when needed, and how they can receive help from other family members when needed.

The counsellor must help them to work through their issues in an attempt to resolve the family's problems and avert a crisis so as to return to a stable state. Families that have been reported to

a child and family welfare organisation and where services are necessary to the family and child, could be at risk for having a child removed from the family if the problems meet the criteria stipulated in the Children's Act for a child being in need of care and protection (RSA, 2005).

In families where problems have not escalated to a crisis yet, family counselling would help them to avoid such a crisis that may necessitate that a child be removed from the family. A family whose problems have led up to a crisis of a child possibly needing care and protection and needing to be removed can benefit from family counselling by working through their problems and changing the behaviours that are threatening the child's safety and well-being in order to prevent a removal (Tracey, 1995). Family counselling can also be very beneficial on the statutory and reunification levels of the ISDM, since family counselling could be utilised to work out issues in foster families and work out what biological parents need to overcome to be able to have their children placed with them after a removal.

By having (or adopting) the qualities and utilising the skills required for family counselling, social workers will build better relationships with service users and have an increased ability to adequately assess the family system, leading to better outcomes for families and children. Service users will feel more trustworthy of, comfortable with, and understood by the social worker, and will perhaps share more information with the social worker that will be beneficial to know for helping the family and children. Furthermore, service users will feel that they are valued by the social worker and this could build their confidence to work on what needs to change and even greatly motivate the change. The social worker will also be more effective in helping family members to understand each other's point of view and thus resolve issues among each other (Riggall, 2012; Egan, 2010).

3.5 THE FAMILY COUNSELLING PROCESS

The process of family counselling will differ when considering what the purpose of the counselling is for, for example, when addressing problem behaviour in children, when addressing marital problems between parents, when addressing abuse or neglect by parents of a child, before and after removing a child, counselling a child and family in foster care, or before and after reunifying a child to their home. This is because the Children's Act prescribes a process of child protection that social workers must follow, and family counselling can be used according to the Children's Act to render services to families in these situations, however

a general family counselling process as described by Carr (2006) is not the same as a child protection process. A general outline of the process of family counselling with specific references to different situations in a child and family social welfare context will now be given and the three stages that the process is divided into will be discussed.

3.5.1 Stage 1 – Planning

The main tasks in stage 1 are to plan who shall attend the first session or series of sessions, and what to ask them. Should there be confusion about who to invite, a network analysis can be conducted, (Carr, 2006). A network analysis entails collecting family network data: who is part of the family or the extended family, who are close friends, neighbours, colleagues, and preliminary establishing what the dynamics are (Widmer, 2013).

3.5.1.1 Planning who to invite: Network Analysis

To draw up a plan or network analysis regarding who to invite to the sessions, the social worker must find out from the referral or by phoning the referrer who is involved in the problem and establish their roles in it. In a child and family welfare organisation setting, the decision regarding whom to invite to the first interview is often not straightforward. When a case is complex, it is especially important to analyse network roles correctly before deciding who to invite to the first session. It is important that all key role players in the problematic situation be invited to the first sessions or series of sessions. If it is a challenge to engage some key members effectively in sessions, individual meetings or phone calls may be made to connect with these network members. As an alternative, the first sessions may be utilised to assist the family members who attend to take steps to engage significant network members in the counselling process (Carr, 2006). Some sources (Geldard & Geldard, 2009) find it imperative for all family members that are involved to attend the first session of family counselling to give everyone an equal opportunity to speak and to ensure that all family members trust the social worker and do not feel that there is an alliance between the social workers and certain family members, for example, the parents.

3.5.1.2 Planning what to ask: Setting the agenda

Planning the agenda or questions to be asked in a first session will be contingent on the problem posed by the referral, the initial hypothesis that the social worker may have about the case and

the routine interviewing procedures are most likely to be used for such cases. If the referral is not clear on what the main problem is, who is involved, and who is the most concerned about solving the problem, much time can be saved by telephoning the referrer and clarifying the issues (Carr, 2006).

3.5.2 Stage 2 – Assessment

There are three main tasks in the second stage of the counselling process: to engage with the family and establish a contract for assessment, to complete the assessment and formulation, and to build a therapeutic alliance (Carr, 2006; McLeod, 2013). These three tasks are further divided and discussed under the headings of contracting for assessment, managing challenges regarding engagement, enquiring about the presenting problem, constructing a genogram, and alliance building.

3.5.2.1 Contracting for assessment

To contract for assessment involves that the social worker and family must clarify their expectations and reach an agreement to work together. The first task is to explain the route of referral, unless the referrer wanted to stay anonymous, and what the social worker's understanding is of the family's problem(s). Next, the social worker would outline what the assessment entails and offer relevant members of the network a chance to accept or reject the opportunity to partake in the assessment. The manner in which the interviews will be led, and their duration should be explained. The social worker should also clarify the limits of confidentiality. Usually the contents of sessions are confidential, unless there is evidence that a family member is a serious threat to another or themselves, for example suicide ideation, or child abuse (Carr, 2006; Dziegielewski, 2008). If a family member was abusing a child and the social worker became aware of it during family counselling, the social worker would need to assess if it can be dealt with in the process of family counselling, or whether a separate child protection investigation as prescribed in the Children's Act would be necessary.

3.5.2.2 Managing challenges regarding engagement

Social workers have to manage challenges regarding engagement since contracting for assessment with a family does not always run smoothly and challenges in this regard are to be expected (New South Wales Government, 2014). Partial family attendance, refusal to

participate in the assessment, non-attendance and receiving extremely inaccurate information from the referral are some of the most noteworthy obstacles to engagement and establishing a contract for assessment (Carr, 2006). If a designated social worker receives a referral regarding a child, a court order can be obtained according to section 46(g) of the Children's Act (RSA, 2005) to force co-operation from a family or specific family member if there is resistance to comply.

3.5.2.3 Completing the assessment 1: Enquiring about the presenting problem

Once a contract for assessment has been drawn up and agreed upon, each person may be invited to give their perspective of the presenting problem. Typically, this involves questions about the nature, frequency and intensity of the problem(s), previous solutions to these problems that have been successful and unsuccessful, and the views of family members on the causes of these problems and possible solutions they think could be a good option to explore in future (Carr, 2006).

In listening to responses to the questions asked and requesting elaboration about the social context which the problems occur in, specific attention should be paid to actions that are possibly maintaining the problems. The initial assessment is a very good opportunity for short-term planning in determining the level of need and priority of the family's problems (Walker, 2012).

3.5.2.4 Completing the assessment 2: Constructing a genogram

The second part of the assessment is constructing a genogram with the family. A genogram is a drawn family tree that depicts clinical information about the people in a family and their organisation pattern. The process of constructing a genogram may be routinely incorporated into the initial family assessment sessions. It is efficient to construct a genogram in a manner that allows every member to see it as it is drawn. A flipchart or whiteboard could be used to facilitate this action (Carr, 2006). Using a genogram has been confirmed to be very useful in assessing a family in family counselling (Michaeli, 2016; Therapist Aid, 2019). Other sources confirm that genograms are very useful aids in child and family social welfare intervention because participants can see the family's bigger picture and visualise and understand relationship dynamics and psychological factors that affect family relationships (Garth, 2016; Pope & Lee, 2019).

3.5.2.5 Formulation and feedback

The next step under this stage would be to formulate the problem as it is understood and provide feedback to the family (Carr, 2006). Formulation refers to the social worker making connections between the assessment information and systems theory to gain insight into a family's problems and to help the family get to an appropriate intervention strategy (Tickle, Rennoldson, Schröder, Cooper & Naidoo, 2016).

The assessment is complete when the presenting problem has been clarified, the context in which it occurs has been understood, the main problem has been classified, and family strengths have been identified together with the family. Formulating the problem(s) should open up new possibilities for solving them (Sundet, 2011).

3.5.3 Stage 3 – Intervention

Once a problem has been formulated and established with the family, the social worker can invite the family to agree on a contract for intervention, if necessary. Sometimes, just the assessment and formulation of a family's problems could lead to the family being able to resolve their problems without much further intervention. There are two common patterns when a family is able to solve their problems in the assessment phase (Carr, 2006; McLeod, 2013).

In the first pattern, the social worker reframes the problem so that the family no longer sees it as a problem, for example the problem would be renamed as something is a normal reaction, a developmental phase, or an unfortunate but temporary incident. In the second pattern, the process of assessment releases the natural problem-solving skills of the family members and they resolve the problem(s) themselves. For instance, some parents feel released to handle their child in a productive way once they discuss their anxiety about doing so. In other cases, assessment leads to contracting for intervention with a family's problem(s). Working with a family does not often run a smooth and predictable course and a social worker requires troubleshooting skills to manage resistance, difficulties, and deadlocks that develop in the mid-phase of intervention (Carr, 2006; McLeod, 2013).

In child and family welfare, many families are often resistant to a family counselling process since they are involved in the process involuntary, do not want to change, and do not want to

work with the social worker. Social workers therefore need to know how to handle resistance and work with it effectively.

3.5.3.1 Setting goals and contracting for family counselling

The process of contracting involves creating well-defined and realistic goals and outlining a plan to work towards those goals in line with the problem or stressor established at the end of the assessment phase. Goals that are clear, realistic, and visualised, and perceived to be moderately challenging, are often completely accepted by all family members and are central to effective family counselling.

Goal setting takes time and patience. Different family members might not have the same priorities when it comes to setting goals and negotiating about this is crucial. The negotiation must take into account the costs and benefits of each goal for every individual family member. A main challenge in family counselling is to evolve a construction of the presenting problems that creates possibilities where each family member's wishes and needs can be respected, when these different needs and wishes are seemingly in conflict with one another. A useful method of practice is to help family members express the differences and similarities between their positions in great detail and to encourage them to explore goals to which all family members involved can all agree on first (Carr, 2006).

Ideally, progress made towards set-out goals should be assessed in a way that is observable or quantitative. For numerous problems, progress can be assessed using frequency counts, for example the number of fights or successes. Ratings of internal states, moods, and beliefs are useful ways of measuring progress towards goals that are less observable (Carr, 2006).

3.5.3.2 Participating in intervention

Once goals have been set, and a working contract has been established with the family, it is appropriate to start the working relationship. This may include interventions that aim to change behaviour or interventions that focus on developing new ideas that create possibilities for resolving problems.

As a broad practicing principle, it is probably the most effective to begin with interventions that aim to change problem-maintaining behaviour patterns and the belief systems that underlie them (Pinsof, 1995). As mentioned previously, social workers can expect resistance in the

process of family counselling process and will need to deal with it in an effective manner so that the process can move forward, and the family be assisted in solving their problems.

3.5.3.3 Handling resistance in the family counselling process

i) Definition of resistance

Most social workers in child and family welfare organisations are familiar with clients exhibiting resistance and should be able to manage it effectively. Resistance is defined as “a process of avoiding or diminishing the self-disclosing communication requested by the interviewer because of its capacity to make the interviewee uncomfortable or anxious” (Pope, 1979: 74). Resistance is natural and necessary in the change process. Therefore, social workers should work with and manage resistance instead of opposing it. A person or family who is resistant, possess a voice that aims for change, and a voice that moves away from change (Engle & Arkowitz, 2008).

Families often go to great lengths to seek professional guidance on how to manage their problems, but then do not want to follow professional advice that would help them solve these problems. A social worker can avoid getting resistance from families if the counselling process is conducted in such a manner that it matches the family’s pace and the social worker does not try and push the family to move at a quicker pace than what they are ready for (Prochaska, 1999; deShazer, 1988; Carr, 2006).

In solving issues, families move through a series of stages, that range from denying the problem, to contemplating how to resolve the problem, to being dedicated to take active steps in solving the problem, through to planning and executing these stages. Later, families enter a stage where the fruitful changes they have made require continuous work. During the early stages of denying and contemplating the problem, a family’s main need in counselling is to be supported while considering the possibility that they might have a problem that they previously did not recognise. Such families are generally forced into counselling by other family members or statutory agencies (Carr, 2006). The majority of families at child and family welfare organisations have been forced into counselling. Social workers should thus expect resistance from such families.

ii) Ways resistance is displayed by families

Families or individual family members can exhibit resistance by, for example, not attending sessions, not completing homework assignments between sessions, not cooperating during sessions, or refusing to terminate the working relationship (Carr, 2006).

iii) How resistance can be handled effectively

A social worker should deal with resistance in a systemic way. The inconsistency between what the family or individual members agreed to do and what they actually did should be pointed out. The difference between situations where the family managed to complete an agreed upon course of action and those where they did not, can be asked about. What a family believed prevented them from making progress can be asked about. The social worker can ask if the factors that prevented progress can be overcome. The social worker can engage the family with possible strategies for getting around these factors. The pros and cons of these courses of action can be asked about and a therapeutic dilemma that portrays the cost of maintaining the norm and avoiding the preventative factors to progress can be outlined. (Carr, 2006).

An example of this would be a family that have constant conflict in the household regarding household chores. The family agreed to try a few things to organise household tasks fairly amongst each other to avoid further conflict, but when they come for their next session, they have not done any of the tasks that were agreed upon between them and the social worker. The social worker can then point this out and start engaging the family in a conversation and follow the steps as outlined above.

After these stages, the final stage in the family counselling process is to terminate or recontract sessions with the family.

3.5.4 Stage 4 – Termination or recontracting

In this final stage of family counselling, the main tasks are to reduce the frequency of sessions with the family, assist the family in understanding the change process, and to help the family develop plans for relapse management. The social worker will also help frame the termination stage as the finalisation of an episode and not the end of the relationship, but instead indicate that it is an ongoing relationship where the family can come back anytime if they need to (Carr, 2006).

Once the social worker notices improvement, the termination process can begin. At this point the frequency of sessions will be decreased. This will let the family understand that the social worker is developing confidence in their ability to manage their challenges without continuous professional help (Carr, 2006).

Before or when the goals are achieved, the degree to which goals have been achieved will be reviewed. If the set-out goals have been met, the family's beliefs about the permanence of the change is established by asking questions such as: *Do you think XYZ's improvement is permanent or just a flash in the pan? How would you know if the improvement was permanent?* The social worker then helps the family to create an understanding of the change process by reviewing the problems with them, as well as the formulation of it, their progress throughout the family counselling intervention, and the simultaneous improvement in the problems (Carr, 2006).

In planning relapse management, family members are helped to predict types of stressful situations in which they might regress to previous problematic behaviour, their likely negative reactions to relapses, and how they can use what they learned in counselling to cope with the relapses in an efficient way. When the family members have accepted the concept of relapse, they can focus on trying to predict or anticipate a relapse, how it could be triggered, what can be put in place to try and prevent it, and what the family's plans are should the relapse occur (Carr, 2006). This is helpful in child and family welfare organisations since it is often the case that intervention takes place with a family, only for the problem to return and be reported again. It could thus be useful to put measures in place for when this should happen.

There are many things that social workers can do to maximise termination gains with families. One practical thing social workers can do is to have an open-door policy with families who might need to return for counselling. It is empowering for the family to know that if there is a problem that the family cannot handle, they can schedule a counselling session with the social worker to receive help in handling the problem (Macneil, Hasty, Conus & Berk, 2010). This is also in line with section 28 of the Bill of Rights in the Constitution of South Africa, (RSA, 1996) that states that all citizens have the right to social services when it is needed. Thus, if the family needs more counselling intervention, it is within their right to return to the social worker for services.

In some cases, the end of the therapeutic working agreement will immediately lead to the beginning of another contract. For instance, after an episode that focused on child behavioural problems a further contract can be established to focus on marital challenges, or individual counselling for the adults in the family (Carr, 2006).

3.6. FAMILY COUNSELLING SKILLS TO UTILISE IN CHILD AND FAMILY WELFARE SOCIAL WORK PRACTICE

The concept of skill refers to a sequence of a social worker's actions or behaviours carried out in response to service users' actions or behaviours (McLeod, 2013). The attitude of the social worker and the utilisation of skills in family counselling plays a very important role in whether the intervention will be successful or not. The social worker needs to demonstrate to the family that they are accepted as unique human beings (Rogers, 1961) and that the social worker believes fully in people's rights to express their own thoughts and feelings (Nelson-Jones, 2008). The most prominent family counselling skills as acknowledged in various literature resources are:

3.6.1 Verbal communication skills

As put forth by the Australian Institute of Professional Counsellors (2009), verbal communication skills are fundamental for social workers who do counselling as they need to be able to work with people. The social worker should be able to understand service users, get the relevant information, communicate effectively, and focus the situation accordingly. When the social worker renders family counselling services to a family, the social worker's main role is to provide support to families and to help with the improvement of family members' expression of emotions and formulation of thoughts.

The following skills are beneficial for any communication process, but they are especially important in the relationship between a social worker and family receiving counselling.

i) Active listening

Apart from only listening well by valuing the service user and demonstrating interest for the conversation (Australian Institute of Professional Counsellors, 2009) such as leaning in and facing the service user, the social worker should apply the active listening skill by giving appropriate responses and paraphrasing what the service user has said (Riggall, 2012). Active

listening is a pattern of listening that keeps the social worker engaged with the person they are listening to in a positive way. It requires of the social worker to listen attentively whilst someone else is speaking, and to paraphrase and reflect back to them what is being said, without passing judgment or giving advice. When a social worker practices active listening, it requires of them to fully concentrate, listen with all their senses, and give their full attention to the person speaking (Cuncic, 2019).

ii) Observing

Observing skills are defined as the process of viewing something or someone with the purpose of gaining information. Being able to observe and gain information is important because it forms the foundation of being able to communicate well (Oxford Online Dictionary, 2019). Another source defines observation as something the social worker learns by seeing or watching something and then continuing to think about it (Collins English Dictionary, 2019). Observing family members' body language, tone of voice, and emotive expressions are important as they will give the social worker a lot of information apart from just the words that are being spoken (Australian Institute of Professional Counsellors, 2009).

iii) Acknowledgement

The social worker should recognise the client's initiative to state his or her issues (Australian Institute of Professional Counsellors, 2009). Furthermore, the social worker should acknowledge the family unit or individual family members' feelings and perspective, especially a family or family member who experiences severe distress (Therivel, Rosenberg & Richman, 2017).

iv) Awareness

Awareness entails for the social worker to be aware of their own presence and how they are coming across and ensuring that their body language is appropriate for the context (Australian Institute of Professional Counsellors, 2009). Self-awareness is the ability of the social workers to have a good understanding of their personal strengths, weaknesses, thoughts, and beliefs. Effective social workers have a good sense of self-awareness and are cognisant of their thoughts and feelings. In being self-aware, a social worker can accumulate information and sensitivities that may be used in a positive manner to affect the lives of families. In addition to

knowing themselves well, social workers should be open enough to adjust their thought processes and things they are sensitive to, to address the specific needs and realities of families and individual family members (Susanne Dworak-Peck School of Social Work, 2011).

v) Critical thinking

The social worker should be able to think logically and reason about what is and what is not appropriate input to the working process (Australian Institute of Professional Counsellors, 2009). Applying social work theories to practice and making informed decisions help social workers to best serve the needs of the families they render services to. Additionally, social workers should act in manners that are ethical and informed to best serve their organisations and families. Critical thinking assists social workers to search for answers with an open mind and using information that serves their present situation in the best way possible. When social workers use critical skills correctly, this could empower families and individual family members during a crisis and it could also help the social worker utilise available resources in the best way possible (Dunlap, 2013).

vi) Verbal expression

Verbal expression requires that the social worker must be able to use the appropriate tone, rhythm, and volume of voice (Australian Institute of Professional Counsellors, 2009). Effective communication helps the social worker to advocate appropriately, remain clear and concise, appear professional, and avoid or overcome a crisis situation (Dunlap, 2013). Social workers who communicate effectively can adapt their communication style to support the situation they are in. Their way of communicating is confident and assertive, they express empathy in their communicative exchange, they are open-minded, patient and they can simplify the complicated. Another good attribute of communicating effectively is to do so in a story-telling way (Barnard, 2018).

vii) Reflecting and paraphrasing

When social workers reflect, they clarify and verify what the service user has expressed to them (Australian Institute of Professional Counsellors, 2009). This is useful to make sure that the social worker understood what the family or family member meant whilst they were talking. Paraphrasing refers to a social work skill that focuses on the cognitive portion and content of

the family's message instead of focusing on the feeling portion of the message. The content of the message is emphasised in a manner to communicate to the family that the social worker understands what they are saying. This helps the family to feel understood, it encourages further discussion and it can provide the family with new insights and could bring them to focus on the real problem or issue when they hear their own message said back to them (Cummins, Sevel & Pedrick, 2006).

3.6.2 Non-verbal communication skills

i) Developing awareness of the social worker's own non-verbal communication

It is clear that verbal communication skills are very important in establishing relationships with service users, but how social workers communicate non-verbally is of equal importance. Facial expressions, body language, and the social worker's proximity to the service user, show (often unconsciously) what the social worker is really thinking and feeling (Riggall, 2012). Egan (2010) states that service users read cues in the social worker's non-verbal behaviour that give an indication of the quality of the social worker's presence to them.

Egan (2010) suggests that service users ongoingly assess whether or not the social worker is trustworthy enough to open up to. He proposes five guidelines social workers should follow to visibly tune in to service-users: facing the service user squarely, adopting an open posture, leaning towards the speaker, maintaining good eye contact, and attempting to be relaxed and natural.

ii) Observing and working with service users' non-verbal communication

When social workers observe the service user's facial expressions and body language, these forms of non-verbal communication can indicate how the service user might be feeling on the inside (Riggall, 2012). Koprowska (2010) states that a person's emotions are felt, expressed, and seen in the body. This means that a service user can say one thing, but his or her body language may be indicating something completely different. Koprowska (2010) and Woodcock Ross (2011) feel that it is very important to unravel any incongruence between a service user's words and body language by noticing and then exploring it with the service user.

3.6.3 Assertiveness skills

Assertion is often confused with aggression, leading people to think that being assertive means for someone to get their own way. If a situation is entered with such a win or lose mentality, conflict will be more likely (Dixon, 1982; Riggall, 2012). Being assertive begins with the social workers respecting themselves and the service user equally. Assertive behaviour entails being open, honest, clear, and specific when communicating, as well as using negotiating skills to reach a compromise wherever possible (Riggall, 2012). Being assertive means that a social worker should never put a service user down (McBride, 1998), nor be passive. Passive behaviour includes apologising when no wrong action has been taken, not making eye contact, continually blaming oneself, and seeing oneself as a victim (Riggall, 2012). According to McBride (1998), assertiveness includes for the social worker to be clear about their boundaries, being able to say no in a clear and compassionate manner, giving constructive criticism, listening to criticism from others, and expressing anger without losing their temper. Staying calm, using active listening, and being empathetic are key components in being assertive.

3.6.4 Skills of empathic responding

Rogers (1961) defines empathy as an attempt to step into another person's shoes and trying to see that person's world as he or she might be seeing it. Using empathy is extremely important in child and family welfare practice as it will help service users feel more understood and help establish and maintain an effective working relationship between the social worker and the service user (Riggall, 2012). Forrester, Kershaw, Moss and Hughes (2008) found that service users will disclose more information to social workers who use empathic responses, as opposed to those who do not.

One way of being empathetic with service users is for social workers to develop and use active listening skills. In doing so, social workers not only listen, but listen and demonstrate that they are listening (Riggall, 2012). Responding in an empathic manner involves reading between the lines and conveying to the service user what they have inferred without necessarily having said anything outright (Miller, 2006). With this skill, the social worker would be filling in the gaps so that the service user gains a clearer picture of what is really going on.

3.6.5 Challenging skills

Nelson-Jones (2008) states that encouraging service family members to change entails for the social worker to challenge discrepancies in feelings, thinking, and behaviour. Egan (2010) writes that empathic responding is not good enough on its own in facilitating service users towards change. He argues that social workers also need to assist service users to change their patterns of thinking, feeling, and behaviour especially where service users are destructive, self-defeating, or continually in trouble. A key element of social work practice is to raise concerns and to learn to do it in a clear, assertive, empathetic yet congruent manner.

It will require self-awareness, assertiveness and plenty of practice for a social worker to develop their challenging skills (Riggall, 2012). Egan (1994; 2010) and Lishman (2009) have developed techniques with regards to social workers challenging family members. These are:

i) The social worker needs to earn the right to challenge: a good working relationship needs to be established with the service user.

ii) The social worker should encourage family members to challenge themselves: if possible and done correctly, this is the most effective form of challenge.

iii) There should be a focus on family members' strengths instead of their weaknesses and the social worker should do this while highlighting the successes of the family members: many authors highlight the importance of focusing on what service users are doing or have done well in the past as this helps to build confidence and encourages change and action (Milner & O'Byrne, 2009; Lindsay, 2009; Lishman, 2009; Koprowska, 2003; Hanna, Hanna & Keys, 1999; Egan, 1977).

iv) The social worker should respect the values of family members: social workers must understand their own value system and recognise where it differs from that of the family and be able to respect those differences.

v) The social worker should be tentative but not apologetic: Egan (2010) describes being tentative as inviting cooperation instead of arousing resistance. At the same time, it is important for the social worker not to be apologetic in their approach. Examples of tentative challenges by the social worker are: "It seems to me ...", "I wonder whether ...", and "From where I am sitting it appears ...".

vi) The social worker should be specific and clear: it is important for the social worker to be clear and specific because the service user will more likely hear the social worker's challenge, understand precisely what is being said, and engage with the social worker in response (Egan, 1994; 2010; Lishman, 2009).

vii) The social worker should acknowledge and deal caringly with defensiveness: being challenged is difficult for all people. Social workers should not be surprised when service users react strongly to challenges. These reactions should be anticipated and worked with.

viii) The social worker should continue to use empathy and follow hunches: when challenging, social workers need to remember that empathy, congruence, and unconditional positive regard need to undergird their skills (Egan, 1994; 2010; Lishman, 2009).

3.7 CONCLUSION

Family counselling has a very important role to play in child and family welfare organisations as it can benefit families in many ways by teaching them new skills and ways of communicating with one another and ways to work through problematic behaviour that needs to change. In families where there are risks for child removal, family counselling can help keep the family together and prevent a child being removed from their home. Unfortunately, social workers have high caseloads and intense administration with the consequence that they have little time to spend with families, which includes time for family counselling. Social workers can thus make a major difference in their clients' lives, but they are not always able to do so due to time constraints. If social workers had more time, they could spend it with each family on their caseload and in this way make a bigger difference in that child and family's life.

CHAPTER 4

THE VIEWS OF SOCIAL WORKERS ON THE UTILISATION OF FAMILY COUNSELLING IN RENDERING CHILD AND FAMILY WELFARE SERVICES

4.1 INTRODUCTION

The goal of child and family welfare services is ultimately to strengthen families and keep them intact in order for all members of a family to live in an appropriate and suitable environment. The White Paper on Families (Department of Welfare, 1997), the White Paper on Social Welfare (Department of Social Development, 2012) as well as the South African Children's Act 38 of 2005 (RSA, 2005) place great emphasis on family strengthening and family preservation.

Social workers render many different types of services to children and families according to the levels of the Integrated Service Delivery Model (ISDM), but according to policy documents social workers should focus their services on the prevention and early intervention levels. According to legislation and policy such as the Children's Act and The White Paper on Families family counselling is one of these types of services that should be rendered by social workers in South Africa working in child and family welfare organisations at the early intervention level,

The focus of this chapter is on the last aim of the study, which is to discuss and exhibit the findings regarding the investigation into the utilisation of family counselling in rendering child and family welfare services. First, participants' identifying particulars and profiles will be reviewed and discussed, then themes will be laid out and discussed according to the data collected through the semi-structured interview schedule.

4.2 EMPIRICAL STUDY

The empirical study will be discussed by looking at the research method, the pilot study, population and sample, data collection and data decoding before the findings of the research will be analysed and interpreted.

4.2.1 Research method

The research method for the purpose of this study was qualitative since this method allowed for the data to be collected and analysed in an in-depth manner and for the researcher to focus on the details of the data, and not on quantities of answers. The researcher made use of a semi-structured interview schedule that was used for the interviews with social work participants.

4.2.3 Population and sample

According to De Vos et al. (2011) researchers usually make use of a sample in research, rather than a population because a sample is more feasible and realistic. The sample of this study consists of 19 participants. The researcher planned on interviewing 20 participants, but data saturation was already reached by the 17th participant. Three further interviews were done to ensure that no new information came to the fore, and the researcher stopped interviewing participants after the 19th participant.

The researcher decided on the criteria for inclusion of participants. According to De Vos et al. (2011) the pre-determined criteria for the inclusion of participants is important for the success of the study. The criteria for inclusion in this study is:

- Social workers that have been rendering services in the child and family welfare sphere for at least one year. Social workers that have been working in a child welfare office for one year or more will have the knowledge and relevant experience to be able to give adequate and insightful answers.
- Social workers that render services in the Western Cape Metropolitan area and surrounds.
- Social workers that are eloquent in speaking English or Afrikaans since a translator was not available.

4.2.4 Data-collection method

The process of data collection will be explained by referring to the preparation of data collection, the actual collection of data, and the research instrument.

4.2.4.1 Preparation for data collection

The researcher prepared for data collection by explaining the purpose of the study to participants so that they would understand what the study is about. A consent form (Appendix 2) was presented and explained to each participant to get their full consent, i.e., that they agree to willingly participate in the study and to explain to them that they can withdraw from the study at any point should they feel uncomfortable. The researcher gave each participant an opportunity to ask questions before each interview started. The researcher and the participant both signed the consent form and a copy so that the participants could keep their own copies for reference.

4.2.4.2 Data collection

The method of decoding and analysing the data in this study is qualitative and the data has been collected through non-numerical interpretations and observations. The researcher made notes on each interview schedule during interviews and recorded each interview fully on a recording device to be able to look at the notes and listen to the recordings when decoding the data.

4.2.4.3 Research instrument

A semi-structured interview schedule, Appendix 2, is the research instrument that was utilised for the purpose of this study. According to De Vos et al. (2011) a semi-structured questionnaire is relatively flexible. The researcher asked each participant the same questions as indicated on the interview schedule.

4.2.5 Qualitative data decoding or analysis

Qualitative data analysis is a series of processes and procedures used once the qualitative data have been collected in order to transform the data into a form of explanation, understanding, or interpretation of the people and situations that are being investigated. Qualitative data do not consist of numbers, but of words, texts, and observations. Such data usually involve people and their activities, signs, symbols, artefacts, and other objects that have meaning to them. Qualitative data can be interpreted and analysed for better understanding. Data can also be transformed into findings, although there is no fixed formula for such transformation of data (Bhattacharjee, 2014; De Vos et al., 2011).

For the purpose of this study, the qualitative data that were collected were decoded and analysed to identify underlying patterns that are discussed in the findings of the research. Cresswell (2014) suggests that there are three steps in the data analysis stage of the research, namely, to organise and prepare the collected data for analysis, to read through all of the collected data, and to start coding all the data. In organising and preparing for the data analysis, the researcher transcribed all the interviews from recordings to written documents for each interview. Transcribing is defined as putting thoughts, speech, or data into written words (Cambridge Dictionary, 2019).

Next the researcher read all the data. This step provided a sense of the data collected and was a time to reflect on the overall meaning of the data. At this stage the researcher made notes in margins of transcripts or observational notes during interviews and started recording general thoughts about the data. The third step in data analysis is coding the data, which refers to the process of bracketing text segments and writing a word to represent a category in the margins of the notes and so to start identifying themes and categories. At this stage the researcher started to identify themes, sub themes and categories.

4.3 FINDINGS OF THE RESEARCH

The findings of the research regarding social workers' views on the utilisation of family counselling in rendering child and family welfare services are subsequently discussed and unpacked.

4.3.1. IDENTIFYING DETAILS

Participants were asked to indicate their identifying details, as is discussed below.

Table 4.1: Identifying details of research participants: Highest qualification, years of experience, caseload, and role/position in organisation

Participant	Highest qualification	Years of experience	Caseload	Role/position in organisation
1	B.A. Degree in Social Work	8	21 cases	Designated social worker, doing pre-statutory work and statutory removals and placement of children

2	B.A. Degree in Social Work	24	84 cases, 114 children	Foster care and case manager of children placed in CYCCs
3	B.A. Degree in Social Work	12	107 cases	Designated social worker, working on all the levels of ISDM in one area
4	B.A. Degree in Social Work	40+	57 cases	Foster care supervision social worker
5	B. Degree in Social Work	2	80 cases	Designated social worker, doing pre-statutory work and statutory removals and placement of children
6	B. Degree in Social Work	5	115 cases	Designated social worker, works on all levels of ISDM
7	B. Degree in Social Work	7	150 cases	Designated social worker, works on all levels of ISDM
8	B.A. Degree in Social Work	18	50+ cases	Designated social worker, works on all levels of ISDM
9	B. Degree in Social Work	1	110 cases	Designated social worker, works on all levels of ISDM
10	B.A. Degree in Social Work	11	215 cases	Foster care supervision social worker
11	B.A. Degree in Social Work	20	192 cases	Designated social worker, doing pre-statutory work and statutory removals and placement of children
12	B. Degree in Social Work	1 ½	153 cases	Designated social worker, doing pre-statutory work and statutory removals and placement of children
13	B. Degree in Social Work	2	220 cases	Designated social worker, doing pre-statutory work and statutory removals and placement of children
14	M.A. Degree in Social Work	13	145 cases	Designated social worker, works on all levels of ISDM

15	B. Degree in Social Work	3	170 cases	Designated social worker, works on all levels of ISDM
16	B. Degree in Social Work	1	150 cases, 180 children	Designated social worker, doing pre-statutory work and statutory removals and placement of children
17	B.A. Degree in Social Work	15	180 cases	Senior Designated social worker, doing pre-statutory work and statutory removals and placement of children
18	B. Diac of Social Work	10	100 cases	Designated social worker, works on all levels of ISDM
19	M.A. Degree in Social Work	15	250 cases	Designated social worker, works on all levels of ISDM

4.3.1.1 Qualifications of participants

Participants were asked to indicate their qualification in Social Work.

The majority of the participants had a B.A. Degree or B. Degree (4 years) as their highest qualification in social work. A few participants had a Master of Social Work degree as their highest qualification (additional 1 to 3 years on average) and one participant has a B. Diac qualification in Social Work.

4.3.1.2 Years of experience in rendering child and family welfare services

It can be seen from the study that quite a few of the participants have been working for one to two years. A minority of participants have been working for 3 to 5 years. A minority of participants had also been working for 6 to 10 years. Quite a number of participants had been working for 11 to 15 years. A minority of participants had been working for 16 to 20 years as well as 21 to 25 years, respectively. Lastly, a minority of participants had been working for more than 40 years. It can be seen that quite a few participants are new to the social work field and have been practising for less than 2 years. It can also be seen that a minority has been working for more than 20 years, and one for more than 40 years. It can be concluded that there is generally a high turnover of social workers, and that most social workers do not stay in the

child protection field for their entire career, or perhaps even for half of their career, since most careers span for approximately 40 years from age 25 to 65 (Quora, 2019).

4.3.1.3 Caseload

The majority of the participants had more than 100 cases at any given time. A minority of participants had less than 50 cases. A minority of participants had between 50 and 100 cases; only one participant had a caseload of 50+ in this category, the rest in this category had at least 80 cases up to 100 cases. A few participants had a caseload of between 101 and 150 cases. Some participants had a caseload of between 151 and 200 cases and a few participants had a caseload of between 201 and 250 cases.

4.3.1.4 Percentage of caseload where services are rendered to families

Participants were asked to indicate the percentage of their caseload where services were rendered to families and not just individuals or couples.

Of the participants 10 out of 19 indicated that the majority of their caseloads entailed service rendering that included services to the entire family, whether it is to the foster family or biological family. The most common answer in this category was that 90% of caseloads included focusing services to entire families. Less than half, (8 out of 19), of the participants indicated that all their cases on their caseloads were services rendered to entire families, whether biological families or foster families. Only 1 out of 19 participants conveyed that less than a quarter of her caseload focused on the entire family.

4.3.2 POLICY AND LEGISLATION

In this section the focus is on policy and legislation and the utilisation thereof in service rendering to children and families.

Table 4.2: Themes and sub-themes identified for policy and legislation

Themes	Sub-themes	Categories
Theme 1: National policy and legislation documents that guide social workers'	Sub-theme 1: Legislation guides service rendering	Category 1.1: The Children's Act mainly guides service rendering
		Category 1.2: Different acts are utilised to guide service rendering to children and families

service rendering to children and families.	Sub-theme 2: Policy that guides service rendering	Category 2.1: Different policy documents
Theme 2: The greatest challenges for social workers in implementing policy and legislation in terms of acting in the best interest of the child and the well-being of families.	Sub-theme 1: Lack of time available for service delivery	Category 1.1: High administrative workload
	Sub-theme 2: Lack of resources	Category 1.2: High caseloads
		Category 2.1: Limited resources in communities and organisations to assist families
		Category 2.2: Families' lack of finances to access services
		Category 2.3: Families' lack of access to transportation when needed
	Sub-theme 4: Lack of birth certificates	Category 4.1: Difficulty in obtaining birth certificates from Home Affairs for children who do not have one
	Sub-theme 5: The system's procedure for placing children in alternative care	Category 5.1: Difficulty in securing a safety placement for a child who is in need of care and protection
Theme 3: Levels of the Integrated Service Delivery Model (ISDM) on which social workers mostly render services.	Sub-theme 1: Focus is on statutory level	
	Sub-theme 2: Focus is on early intervention level	

4.3.2.1 Theme 1: National policy and legislation documents that guide social workers' service rendering to children and families.

Participants were asked to indicate the national policy and legislation that guide their service rendering to children and families. Sub-themes and categories that came to the fore are discussed below.

The first theme is national policy and legislation documents that guide social workers' service rendering to children and families. Sub-themes under this theme is: Legislation that guides service rendering and policy that guides service rendering.

Sub-theme 1.1: Legislation that guides service rendering

The first **sub-theme** focused on the legislation that guides services to children and families. The categories under this sub-theme are: The Children's Act guides service rendering to children and families and different legislation are utilised to render services to children and families.

Category 1.1.1: The Children's Act mainly guides service rendering

The first **category** of this sub-theme is that the Children's Act guide service rendering.

All participants stated that the Children's Act guide their service rendering.

"Kyk op die oomblik werk ek net met die Kinderwet en um, ja. Voor ek enigiets doen sal ek dan nou die risiko-assessering doen, en um, met die hulp van die Kinderwet. Ja, dis maar basies al vir nou." (Look at the moment I am only working with the Children's Act and um, yes. I will do a risk assessment first before anything else, with the help of the Children's Act. Yes, that is basically all for now.) (P1)

"The Children's Act...I'm only using this one..." – (P3)

Since the Children's Act 38 of 2005 (RSA, 2005) is the legislation that prescribes child and family welfare service rendering, this act would be the legislation most often used.

Category 1.1.2: Different acts utilised to guide service rendering to children and families

The second **category** of this sub-theme is that in addition to the Children's Act, other legislation also guides social workers' service rendering.

Participants mentioned additional legislation that guide their service rendering such as the Sexual Offences Act, Education Act, Substance Abuse and Related Act, the Social Work and Related Professions Act, the Act on the Elderly, and so forth.

"Die Kinderwet, ons fokus maar grootliks op die Kinderwet. En as iets dan nou maar gebeur soos seksuele molestering en so, dan die Sexual Offences Wet, en seker die Education Wet ook." (The Children's Act, we focus greatly on the Children's Act. And if something happens such as child molestation, then the Sexual Offences Act, and probably the Education Act as well.) – (P2)

“Al die wetgewing; die Kinderwet, Wet op Rehabilitasiesentrums en Dwelm Afhanklikheid, die Wet op Maatskaplike Werkers en geassosieerde beroepe, Wet op Bejaardes.” (*All the legislation, the Children’s Act, The Substance Abuse and Related Act, the Social Work and Related Professions Act, The Act on the Elderly.*)

– (P4)

“...op die oomblik werk ek met die human trafficking Act of wel die Trafficking in Persons Act, Sexual Offences Act...” (*...at the moment I’m working with the Trafficking in Persons Act, Sexual Offences Act...*)

– (P5)

“...die Maintenance Act, die Domestic Violence Act, die Sexual Offences Act.” (*...the Maintenance Act, the Domestic Violence Act, the Sexual Offences Act*) – (P6)

According to literature (South African Government, 2017; Patel, 2015), many of these acts are relevant to child and family welfare organisations, thus participants’ narratives mostly correspond to the acts that are mentioned in these literature sources as acts that social workers use in their service rendering. There are a handful of acts that participants cited that are not mentioned in the literature sources that the researcher consulted. This could mean that it might be listed in other sources, or that is not necessarily known that social workers work or are aware of those acts for example, the Criminal Procedures Act.

One participant mentioned that if children are in conflict with the law and they need to be placed in alternative care, a social worker needs to ask the magistrate to turn the criminal court proceedings into children’s court proceedings, otherwise the child cannot be placed. Although the Children’s Act is used most often, it is clear that participants must be knowledgeable about different acts. As working with families mean they are exposed to a variety of different cases where various legislative acts might be applicable, and knowledge thereof would be really important for effective service rendering.

Sub-theme 1.2: Policy that guides service rendering

The second **sub-theme** that came to the fore is that policy guides service rendering to children and families.

Category 1.2.1: Different policy documents

The majority of participants mentioned that different policy documents guide their service rendering to children and families. The two most highlighted policy documents that were mentioned are the White Paper for Social Welfare and the White Paper on Families.

“...die Witskrif vir Maatskaplike Welsyn, ook die principles wat gelink is aan die Kinderwet...” (...*the White Paper for Social Welfare, as well as the principles that are linked to the Children's Act...*) – (P7)

“*The White Paper for Social Welfare*, the Domestic Violence Act, Education Act, Schools Act...” – (P11)

“...*the White Paper on Families...*” – (P13)

“...*die White Paper on Families...*” (...*the White Paper on Families...*) – (P16)

The White Paper for Social Welfare (Department of Welfare, 1997) is the document that stipulates guidelines for how social services should be rendered in South Africa. The statements of participants that the White Paper for Social Welfare guides their service rendering corresponds with the prescriptions of this document, namely that it should be guiding the service rendering of social workers.

Participants also render social work services to children and families, according to the guidelines of the White Paper on Families (Department of Social Development, 2013). This service rendering thus corresponds to the prescriptions of the white paper which states that social workers should in fact use it to guide their services to families.

Some participants did not state that the White Paper for Social Welfare or White Paper on Families guide their services rendering to children and families. This is concerning since the White Paper for Social Welfare is seen as the compass that should be used to navigate social services in South Africa and the White Paper on Families the compass for working with families in a specific manner within the country's unique context and unique challenges. It is worrisome that these participants might not be familiar with the content of these important documents in working with families, communities, and systems in South Africa since South Africa's families face unique challenges and live in a very diverse and unusual context and

knowledge about these white papers could impact on their service rendering to families and communities.

4.3.2.2 Theme 2: The greatest challenges for social workers in implementing policy and legislation in terms of acting in the best interest of the child and the well-being of families.

Participants were asked to indicate the greatest challenges experienced in implementing policy and legislation in terms of acting in the best interest of the child and the well-being of families.

Sub-theme 2.1: Lack of time available for service delivery

The first **sub-theme** under the theme of the greatest challenges for social workers in implementing policy and legislation in terms of acting in the best interest of the child and well-being of families is the lack of time available for service delivery.

Category 2.1.1: High administrative workload

The first **category** identified by participants under this sub-theme is that a high administrative workload impacts time for direct service delivery.

Many participants said that there are so many administrative tasks and checkboxes to tick that they often do not get to the direct service delivery side of service rendering. They state that expectations are very high for them to deliver on all the different things that a social worker has to get to. Participants say that at times the high volume of administration keeps them away from their client systems, with the consequence that significantly less time is being spent with children and families, and instead being spent doing administration. The narratives are:

“...die administrasie agter alles, die dokumentasie wat alles moet in plek wees, dit vat so baie tyd dat mens nie soms by die fisiese diens kan uitkom nie.” (...the administration behind everything, the documentation that has to be in place, it takes so much time that you sometimes don’t get to do the actual service.) – (P7)

“...met al die administratiewe werk...die verwagtinge en vereistes van die departement, ook al die ander goed wat van ons verwag word. Ons sit met die probleem dat ons ’n checklist het met al die administratiewe werk wat ons moet doen...dit is moeilik op die stadium...Dit is eintlik ons werk om te sien dat ons berading gee aan die hele gesin, maar dis moeilik as gevolg van die administratiewe vereistes om daai diens te lewer, maar dit is eintlik ideaal om dit dan nou te kan doen.” (...with all the administrative work...the expectations and requirements of the department, as well as everything else that is expected of us. We sit with the problem that we have a checklist with all the administrative work that we have to do, it is difficult at this stage...It is

actually our work to see to it that we counsel the entire family, but it is difficult due to all the administrative requirements to render that service, but it is ideal to be able to do that.) – (P8)

The finding that the administrative workload is high corresponds with literature as authors across the globe and in South Africa have put forth that there is a global problem of social workers having too many administrative tasks keeping them in their office and away from clients (Robb, 2013; Dugan, 2014; Calitz, Roux & Strydom, 2014; Whitaker, Weismiller & Clark, 2006).

Category 2.1.2: High caseloads

The second **category** mentioned under this sub-theme is the high caseloads social workers have with the consequence of social workers spending the minimum amount of time on direct service delivery with families.

Almost every participant said that their caseload is too high and that they simply do not have enough time to effectively spend on each case, and subsequently also not on counselling services.

“Gevalleladings. Jy kan sê wat jy wil...My grootste uitdaging is, die werkslading is konstant teveel...So jou direkte dienslewering aan gesinne, jy doen die minimum, want jy kom statutere verpligtinge na...en al sê ek vir jou ek het ’n 150 gevallelading, dit is nie konstant nie. Daar is elke maand nuwes. Ons is net eenvoudig te min mense om die hoeveelheid werk te doen...” (Caseloads. You can say what you want...my biggest challenge is, the workload is constantly too much...So your direct service delivery to families, you do the minimum, because you are adhering to your statutory obligations, and if I tell you my caseload is 150, it is not constant, there are new cases every month. We are simply too few people to do this amount of work.) – (P14)

“We can only do so much and with this high caseload it is almost impossible to render therapeutic services to the whole family because our main call is actually child protection, but our role goes beyond child protection. It makes it challenging, difficult...” – (P17)

Participants indicate that there are not enough social workers rendering child protection services, with the consequence that child protection social workers in the field are overloaded and are simply too understaffed to be able to handle the caseloads.

The finding that caseloads are too high to render counselling services corresponds with many South African research studies where social workers indicated that their caseloads are extremely high and that they can barely cope with all the work they have to do (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004; Strydom, 2010; Dlamini & Sewpaul, 2015).

The finding that social workers do not have time for therapeutic services goes against the prescriptions of The Children's Act (RSA, 2005) that social workers should render counselling services to children and families who need it, and even more against section 28 in the Bill of Rights in the Constitution (RSA, 1996) that stipulates that every citizen in South Africa has the right to access social services when needed. It infringes on the human rights of children and families who need social services, but do not receive such services from social workers.

Literature (Alpaslan & Schenck, 2012; Proudlock & Debbie, 2011) supports the finding that there are not enough social workers in the field. In 2014 a shortage of social workers in South Africa was estimated to be between 16 000 and 60 000. In extreme cases, social workers have between 300 and 600 cases, whilst social workers in Britain and Australia have between 13 to 20 cases being the prescribed amount of cases a social worker can effectively deal with (Govender, 2004; Ministry of Social Development, 2014).

It is thus very contradicting that the South African government puts emphasis on family preservation and preventative and therapeutic work with publications such as the White Paper on Social Welfare (Department of Welfare, 1997), the White Paper on Families (Department of Social Development, 2012 and the Children's Act (RSA, 2005), but do not employ enough social workers to render these services.

Sub-theme 2.2: Lack of resources

The second **sub-theme** that came to the fore as a challenge for social workers in implementing policy and legislation to act in the best interest of the child and the well-being of families is the lack of resources.

Category 2.2.1: Limited resources in communities and organisations to assist families

The first **category** under this sub-theme is a lack of resources for service delivery to children and families.

Participants pointed out that there is nothing wrong with the Children's Act as a piece of legislature in guiding their service rendering, they feel that the Children's Act is written very effectively, but that the resources are not there to execute what the Children's Act dictates. There is also a lack of resources in the community to refer clients to, and social workers do not have the capacity to offer counselling to every client on their caseload.

"...ek moet nou baie eerlik wees, daar is net nie bronne nie. Die Kinderwet se dat jy dit kan doen en dat kan doen en watter programme jy alles kan doen. Maar as jy dit regtig moet gaan toepas, as jy self as 'n maatskaplike werker dit moet gaan toepas, jy kan net nie, dit is nie moontlik nie."*(Yes, so the problem is not the Children's Act, but the resources...I have to be very honest, there just aren't resources. The Children's Act says you can do this, and you can do that, and which programmes you can do. But if you really have to go and apply it, you just cannot, it is just not possible.)* – (P4)

"We only have a few resources...we do therapeutic services but not to that extent, but to refer our families, then it becomes problematic because there are only certain amounts of resources, like Goeie Hoop Psychologists, and there are waiting lists from how long before people can access the service and it makes it very difficult..." – (P17)

The finding that there is a lack of resources to assist families corresponds with other studies (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004; Strydom, 2010) that found that there are not enough resources in the South African child and family welfare offices and that there are even less resources available in communities. Social workers are finding it very challenging to implement certain sections of the Children's Act (Sibanda & Lombard, 2015) due to the lack of resources in their offices and the communities they work in. September and Dinbabo (2008) suggest that for the Children's Act to be successful, efficient and effective infrastructure needs to be put in place.

Category 2.2.2: Families' lack of finances to access services

The second **category** under this sub-theme is the lack of financial resources of families for them and their children to access services.

The few resources that are available in the community always have waiting lists and most clients in contact with child and family welfare organisations are not in a financial position to be able to afford private counselling services. Furthermore, in rural settings, clients very often live far from any type of resource that can help them, so not only being able to utilise the

resource, but being able to physically access the resource due to logistical reasons is another challenge in this category. Clients that live far away cannot afford to frequently travel long distances to access much needed resources.

“...ek werk in (bedieningsomgewing), wat ’n informele nedersetting is, en daai mense het net nie geld nie. As jy in die Kinderhof kom en hulle se hulle soek ’n verslag oor, evalueer en assessee die kind, ek bedoel, jy het net nie die bron nie, jy kan nie die kind stuur nie. Daar is nie geld nie...” (*...I work in [area of service delivery], which is an informal settlement, and those people do not have money. If the Children’s Court asks for a report on, evaluate and assess the child, I mean, you just do not have the resource, you cannot send the child. There is not money...*) – (P5)

“...so, referring them for that special kind of support...so it’s being able to put that in place and that’s not always available because we work with very poor families, so they can’t afford first world services that is available to them...” – (P19)

The finding that many families struggle to access social services because of financial challenges, corresponds with literature stating that one of the challenges for social workers in rendering services in South Africa is the poverty levels of clients (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004).

Category 2.2.3: Families’ lack of access to transportation to travel when needed

The third **category** under this sub-theme is families’ lack of access to transportation to travel when needed.

Participants pointed out that service users often do not have access to own private transportation and often cannot afford or can barely afford public transportation because of their financial status.

“In terme daarvan as jy na iemand moet verwys, daar is of vervoer onkoste of daar is, hoe kom die mense daar uit, want baie van ons mense het nie vervoer nie, so SANRA kan hier in die area wees maar as daai persoon nie vervoer het om daarnatoe te gaan nie, hoe kom hulle daar uit?...So dit maak dit ook moeilik om dit wat jy moet doen te kan doen.” (*In terms of if you have to refer someone, there are transportation expenses, or, how do the people get there, because many of our people do not have transport, so SANCA can be here in the area, but if that person does not have transportation to go there, how will they get there?...So it also makes it difficult to do what you need to do.*) – (P8)

Other participants pointed out that having enough vehicles at organisations is also a challenge because the number of social workers supersedes the number of cars, so there is thus not a car available for every social worker every day to drive a distance to see families.

“...daar is net soveel beperkte karre wat kan gebruik word, ons is agt social workers wat twee karre moet deel, so daai tipe goedjies wat ’n groot impak het op berading en op dienslewering.” (...*there are only so many cars that we can use, we are eight social workers that have to share two cars, so those types of things have a big impact on counselling and service rendering.*) – (P12)

Both of these challenges fall under the same umbrella and is confirmed in South African literature sources. In addition to a lack of resources in communities to address client needs, clients’ levels of poverty were also cited as a challenge in that they struggle to access resources due to lack of finances (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004; Strydom, 2010). Social workers have to cover great distances to render social work services to clients and feel that they spend a lot of time on the road instead of with clients (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004).

Sub-theme 2.3: Lack of birth certificates

The third **sub-theme** mentioned by participants as a challenge for social workers in implementing policy and legislation to act in the best interest of the child and the well-being of families is the lack of birth certificates

Category 2.3.1: Difficulty in obtaining birth certificates from Home Affairs for children who do not have one.

The only **category** under this sub-theme is difficulty in obtaining birth certificates from Home Affairs for children who do not have one.

A few participants stated that when children’s births were not registered at Home Affairs and the children need alternative care placements or need to go to school, it becomes very challenging since Home Affairs does not make it easy for social workers to register the births of such children, and without the birth certificates, a child cannot be placed into a child and youth care centre, a child’s foster parents cannot receive the foster care grant to care for them and some schools are reluctant to accept children without a birth certificate. Without an identity

number, children also cannot write Grade 12 examinations, since an identity number is required.

“...when the child does not have a birth certificate... So that is the big challenge to Home Affairs. So, you go up and down... So, we have to wait in a long queue to get the birth certificate, and like waiting for the interview. Home Affairs wants to do an interview with the mother and the child also, so we have to wait.” – (P3)

“...Ek dink wat die meeste vir ons pla is die feit dat ons nie ons kinders se geboortes kan registreer nie...Ons het tans 'n hele paar kinders wat sonder geboorte papiere wat Binnelandse Sake glad nie vir ons kan help mee nie... Daar is twee kinders...wat nou nie die pleegtoelaag kry nie... Skole wil nie die kinders aanvaar nie, ons kry nie plek vir die kinders by CYCC's nie....” (*...I think what bothers us the most is that we cannot register our children's births. We currently have quite a few children that our without birth documentation that Home Affairs cannot help us with. There are two children that are not receiving the foster care grant...Schools do not want to accept the children; we cannot find a place for them at CYCC's [Child and Youth Care Centres].*) – (P10)

Participants state that Home Affairs demands to see the court report, before issuing a birth certificate, although according to the South African Council for Social Services Professions (SACSSP) (2019) regulations, the information is confidential and cannot be shared. The SACSSP (2019) regulations regarding confidentiality as well as the Children's Act state that social workers should not submit court reports to Home Affairs but that the basic information regarding the child's circumstances on a letter format and a court age estimate document is sufficient to obtain a birth certificate. Thus, the actions of certain Home Affairs offices is directly in contradiction of this regulation.

Section 7 of the Children's Act (RSA, 2005) also stipulates that what is in the best interest of a child is always paramount to anything else. Thus Home Affairs that does not want to issue birth certificates to such children is not acting in the best interest of these children since it would be in their best interest to have an identity number, to be able to be placed in a CYCC if needed, for foster parents to receive the foster care grant when the child is placed in their foster care to be able to provide in their needs to a greater extent, and to be able to be enrolled in a school and write their Grade 12 exams.

A conclusion can thus be made that even though the policies and legislation is in place to protect children's rights, such as the right to a name and identity (and by implication a birth

certificate), and social workers follow the steps as they should and do everything they can to advocate for children and act in their best interest, certain other systems, such as Home Affairs, are making it exceptionally difficult for social workers to adequately act in the best interest of children. It seems that some of these agencies expect social workers to violate ethical regulations by providing confidential reports in order to obtain a child's birth certificate, a document that is necessary to act in the child's best interest and to advance the child's best interests.

Sub-theme 2.4: The system's procedure for placing children in alternative care

The fourth **sub-theme** mentioned by participants as a challenge for social workers in implementing policy and legislation to act in the best interest of the child and the well-being of families is the system's procedure for placing children in alternative care.

Category 2.4.1: Difficulty in securing a safety placement for a child who is in need of care and protection

The only **category** under this sub-theme is difficulty in securing a safety placement for a child who is in need of care and protection. Participants indicated that they find it challenging to find alternative care placements for children who are in need of care and protection and who must be removed from their homes, since suitable families where children can be placed are not always readily available. This means that the social workers must rely on the social system to place the children at child and youth care centres (CYCC). This is a lengthy process and means that the social worker has to wait before being able to place the child.

“Baie keer is dit prosedure. As jy kyk om ’n kind te plaas in veiligheid, ja dit is in die beste belang van die kind om seker te maak dat mense, safety parents is gekeur en alles...is dit bitter moeilik om iemand te kry wat gekeur is. En dan kry jy soos familie of vriende of so wat hulle, die ouers, vertrou maar dan is dit nou moeilik.” (*Often it is procedure. If you are looking to place a child in place of safety, yes it is the best interest of the child to make sure that people, safety parents are screened and everything...it is very difficult to find someone that is screened. And then you get family or friends that the parents trust, but then it is difficult.*) –

P5

“...en daar is nie altyd plekke om kinders te plaas nie en nou het ons nuwe sisteme ook waarin jy nie net kan plaas nie, jy moet nou eers gaan plekke soek en vra, dit is die kind, ek soek ’n plek, en daar is nie altyd tyd vir dit nie. Jy kan nie vir die kind se, wag jy nou eers voor iets met jou gebeur nie want ek moet nou eers vir jou ’n plek kry. Dit is vir my ‘n uitdaging...” (*...and there are not always places to place children and now*

we have new systems where you cannot just place, you have to go and find places and ask, this is the child, I am looking for a place, and there isn't always time for that. You cannot tell a child, wait before something happens to you because I first have to find you a place now. That is a challenge for me...) – P8

There has been no specific literature published on the time frame involved in placing children in CYCCs in South Africa who are in need of care and protection, although section 7 of the Children's Act (RSA, 2005) can be revoked to state that children who are in need of an alternative care placement and who are without suitable family in an emergency, need to be removed from their home environment as it is not in their best interest to have to wait for a placement.

It can thus be concluded that, when a child needs to be removed from their home and there is nowhere for the child to be placed, the child's rights to a safe and stable environment is violated and the system has failed the child, since the child then has to stay in a house that is not conducive to their well-being, because there is no other placement.

4.3.2.3 Theme 3: Levels of the Integrated Service Delivery Model (ISDM) on which social workers mostly render services.

Participants were asked to indicate on which levels of the ISDM (Integrated Service Delivery Model) they render services and why. According to the Framework for Social Welfare Services (Department of Social Development, 2013), there are four levels of service delivery in social welfare that exist on a continuum and is referred to as the Integrated Service Delivery Model: prevention, early intervention, statutory or residential or alternative care, and reunification and aftercare.

Child and family welfare social workers can render services at any of these levels; the type of service rendered would depend on where a family is at on the continuum and what the need is. Some social workers were appointed to render services on all four levels of the ISDM, and some were appointed to only render services on certain levels of the ISDM and work at offices where social workers perform different functions. Sub-themes and narratives are delineated below.

Sub-theme 3.1: Focus is on the statutory level

Although, according to the developmental approach and ISDM, the focus of services should be on the prevention level, most participants indicated that they mostly render services on the statutory level. Many participants indicated that the focus of their service delivery is on statutory services, which can be anything from involving the court in a case, to removing a child from a home, to rendering foster care supervision services to foster families and children where a child has already been placed, or being a case manager for children that were placed in CYCC's. Participants state:

“Statutory because by the time it gets to us, it’s totally out of control and there is no way you can even intervene, you know on an early intervention level with the family. That is when it gets to us. Most of the stuff that gets on my table is mostly statutory ... There is no way you can even engage with those parents in the sense of early intervention because it’s already totally out of control.” – (P17)

“The statutory level, mostly... Mostly it is statutory because we don’t have a lot of prevention programmes as such, they are a bit limited... Because of the time. The majority of the work we do is we have to extend foster care, which involves many different statutory things.” – (P15)

“Op die statutere vlak pleegsorgtoesigdienste en herenigingsdienste...”. (*On the statutory level foster care supervision services and reunification services...*) – (P7)

According to the ISDM (Department of Social Development, 2013) the statutory level of service rendering is where a social worker would remove a child from their home, and the child would likely be placed in alternative care. In addition to child removals on this level, foster care supervision services to foster families are included, as well as case management services to children who are placed in CYCCs. The finding that services are mostly rendered on the statutory level is in contradiction with policy documents which state that services should be rendered on the prevention and early intervention level, and that the removal of a child is always the last option, as it seems as if the focus is more on statutory work than on the prevention and early intervention level.

Sub-theme 3.2: Focus is on the early intervention level

Early intervention services happens when a social worker intervenes with a family due to risks that were identified that needed attention so as to prevent these risks from escalating to statutory

intervention where children are removed from their homes (Department of Social Development, 2013), as discussed in the previous section.

A few participants indicated that they work in a “preventative manner”, i.e. to prevent the removal of children from homes, but the context of early intervention is that it should happen early during intervention and not on the prevention or awareness level, which is how participants’ views could be interpreted due to them stating that they work preventatively. However, from their discussions it was clear that where there are problems with families, the participants would render services to prevent situations from proceeding to the removal of children on the early intervention level. In other words, saying they work “preventatively” in this context did not refer to the prevention level of the ISDM which focusses on raising awareness rather than on direct intervention.

“Vir my is dit baie belangrik om op die vroeë intervensievlak te fokus, voor ons die kinders plaas, so ek fokus baie om voorkomend te wees... So, dit is baie werk, dit beteken jy moet gaan monitor, jy moet gaan opvolg, jy moet gaan leiding gee...” (*It’s important for me to first focus on the early intervention level, before we place the children, so I focus a lot on being preventative... So it is a lot of work because you have to monitor and then follow up, give guidance...*) – P6

“Op die early intervention level, maar dit is meer intervention as early intervention... dit is dalk nie so ernstig dat die kind nou verwyder moet word nie... soos jou gedragsmoeilike kinders, jou school drop-outs, jou substance users, wat daar gewerk mee kan word, wat dan net die basiese intervention nodig het...” (*At the early intervention level, but it is more intervention than early intervention... it might not be so serious that a child needs to be removed... such as your challenging behaviour children, your school drop-outs, your substance users, that can be worked with, that simply needs the basic intervention...*) – P16

In addition to the misplaced prevention services in the context of the ISDM, quite a number of participants indicated that they focus on the early intervention level and described how they try to intervene on the early intervention level and attempt to prevent cases from escalating to the statutory level. These participants’ views are thus in accordance with prescriptions of the policy documents (White Paper for Social Welfare, White Paper on Families, and the ISDM) and the Children’s Act that all state that statutory removal of children is the last option and that all other intervention methods should be tried first.

4.3.3 FAMILY COUNSELLING SERVICES

In this section the focus is on family counselling services in child and family welfare organisations.

Table 4.3: Themes and sub-themes identified for family counselling services

Themes	Sub-themes	Categories
Theme 4: Understanding of family counselling. Theme 5: Decision to utilise family counselling in service rendering to children and families.	Sub-theme 1: To support the family	Category 1.1: Support and therapeutic services are rendered to all family members
	Sub-theme 2: Develop insight to overcome obstacles	Category 2.1: Focus on identifying strengths and weaknesses in family system
	Sub-theme 3: Focus on entire the family	Category 3.1: Involve all family members in counselling
		Category 3.2: Focus on the family as a unit
	Sub-theme 4: Identify needs of the family	Category 4.1: Focus on individual needs and needs of family as unit
	Sub-theme 5: Enable families to resolve problems and conflict	Category 5.1: Facilitating families to solve problems and conflict
	Sub-theme 6: Preserving the family	Category 6.1: Prevent statutory removal of children by intervening therapeutically
	Sub-theme 7: Lack of understanding of family counselling as concept	Category 7.1: Confusing family counselling with other types of practice
	Sub-theme 1: Counselling is needed during office interviews and home visits	
	Sub-theme 2: Execution of family panels or family group conferences	

	Sub-theme 3: Resolve conflict in the family when family members disagree	
	Sub-theme 4: Prevalence of problems and rebellious behaviour in children	
	Sub-theme 5: Improvement of parents' knowledge about developmental phases of children and appropriate disciplining styles	
	Sub-theme 6: Family counselling is not utilised because the focus of service rendering is on crisis intervention	
	Sub-theme 7: Delivery of foster care and family reunification services	
	Sub-theme 8: Observation of the interaction between family members during assessment	
Theme 6: Family members invited to family counselling sessions.	Sub-theme 1: All immediate and external family members	
	Sub-theme 2: Only immediate family members	
	Sub-theme 3: Family and relevant external non-family members	

Theme 7: Combination of family members that would be seen during counselling sessions.	Sub-theme 1: Family members mostly seen alone	
	Sub-theme 2: Families are mostly seen together	
	Sub-theme 3: Families seen alone and together	
Theme 8: Process followed when utilising family counselling.	Sub-theme 1: Planning stage	Category 1.1: Planning is part of the process
	Sub-theme 2: Assessment stage	Category 2.1: Assessment is part of the process
	Sub-theme 3: Family counselling or intervention stage	Category 3.1: A few family counselling sessions take place
		Category 3.2: Only one or two counselling sessions take place
	Sub-theme 4: Termination or recontracting stage	Category 4.1: There is focus on termination, and/or recontracting of family counselling sessions
Theme 9: Family Systems Theory is utilised to guide service rendering to children and families.	Sub-theme 1: Not clear about the content of the Family Systems Theory	Category 1.1: Ecological Systems Perspective is described
	Sub-theme 2: Use Family Systems Theory to guide service rendering	Category 2.1: Describes the Family Systems Theory accurately in explaining how it guides service rendering
	Sub-theme 3: Not aware of using Family Systems Theory	Category 3.1: Uses Family Systems Theory automatically
Theme 10: Skills and techniques utilised during family counselling sessions.	Sub-theme 1: Skills used in family counselling	Category 1.1: Listening skills
		Category 1.2: Observation skills
		Category 1.3: Communication skills
		Category 1.4: Paraphrasing, reflecting and clarifying

	Sub-theme 2: Techniques used in family counselling	Category 2.1: Empathy
	Sub-theme 3: Aids used in family counselling	Category 3.1: Genograms
Theme 11: Challenges experienced in utilising family counselling in a child and family welfare organisation.	Sub-theme 1: Lack of available space for counselling	Category 1.1: Lack of own office to utilise family counselling sessions
	Sub-theme 2: Lack of time to do family counselling	Category 2.1: Too much and unnecessary administration
		Category 2.2: High caseloads
	Sub-theme 3: Challenges regarding families	Category 3.1: Families are sceptical and distrusting of social workers
		Category 3.2: Lack of cooperation from parents
		Category 3.3: Distance from social work office to clients
	Sub-theme 4: Focus is on child protection	Category 4.1: Difficult to do family counselling due to responsibility of securing child's safety as first priority
	Sub-theme 5: Financial challenges for poor families	Category 5.1: Lack of financial resources to utilise resources outside organisation
Theme 12: Suggestions on how the challenges they experience could be managed.	Sub-theme 1: More funding and resources for NGOs	
	Sub-theme 2: Appoint more staff at NGOs to lower caseload for more effective service rendering	
	Sub-theme 3: Management of caseload and administration	

	Sub-theme 4: Focus on preventative services should be stronger	
	Sub-theme 5: Lack of solutions to address challenges	

4.3.3.1 Theme 4: Understanding of family counselling.

Participants were asked to indicate their understanding of family counselling. Sub-themes and categories that came to the fore are discussed below.

Sub-theme 4.1: To support the family

The first **sub-theme** under participants' understanding of family counselling is to support the family.

Category 4.1.1: Support and therapeutic services are rendered to all family members

The first **category** under this sub-theme is that family counselling entails support and therapeutic services rendered to families.

Participants indicated that everyone in the family should be supported through this process, be made to feel comfortable and part of every step of the process. Participants furthermore stated under the umbrella of support, that family counselling is being an ear to families and listening what they have to say and giving them advice.

"...om die familie te support, elke persoon wat in die huishouding is moet die nodige ondersteuning kry"
(...to support the family, everyone person in the household needs to get the necessary support). – (P1)

"Ok, gesinsberading is volgens my die terapeutiese en ondersteuningsdienste wat jy aan die gesin as 'n geheel lewer..." (Ok, according to me, family counselling is the therapeutic and support services that you render to the family as a whole...) – (P7)

The finding that participants provide support to their clients and connect to their clients to render an effective service corresponds with the literature put forth by The Social Work Task Force (2010), McLeod (2013) and the Australian Association of Family Therapy (2018) that

agree that these are important steps for the family to feel supported and for change to take place. Thus, it can be concluded that when families are supported by the social worker, they are in a much better position to change their circumstances and improve their situation, which can lead to family preservation and family unity. It can furthermore be concluded that it is extremely important for families to receive support and family counselling when they are in a state of crisis in order for them to effectively deal with their situation and for their family to be preserved and the crisis averted.

Sub-theme 4.2: Develop insight to overcome obstacles

The second **sub-theme** under participants' understanding of family counselling is to develop insight to overcome obstacles.

Category 4.2.1: Focus on identifying strengths and weaknesses in the family system

The only **category** under this sub-theme is to identify strengths and weaknesses.

Participants state that by helping a family to identify their strengths, the family is empowered to apply and make use of their own strengths and build on their strengths to improve their weaknesses which creates or leads to an environment of balance and harmony where children will be cared for.

“om hulle te empower om hulle eie sterktes toe te pas in hulle gesinne...” (to empower them to apply their own strengths in their families...) – (P2)

“...identifying strengths and weaknesses in the family unit, help them to strengthen the strengths, help them to improve the weaknesses in order to have a more balanced, in harmony family unit where children will be cared for and every member can develop and grow in terms of their strengths.” – (P11)

The view that families' strengths and weaknesses should be identified and built on, corresponds with literature from the Australian Association of Family Therapy (2018) that confirms that family counselling enables families to capitalise on their strengths.

Sub-theme 4.3: Focus on the entire family

The third **sub-theme** under participants' understanding of family counselling is to focus on the entire family.

Category 4.3.1: Involve all family members in counselling

The first **category** under this sub-theme is to involve the entire family in counselling.

Participants stated that it is important that every single member of the family be involved that has a role to play, i.e., the child and the parents and if applicable, external family members such as grandparents as well.

“Gesinsberading gaan vir my oor die totale gesin. Al die partye moet betrokke wees. En dis baie keer nie net die ma, pa en kind nie, dit is baie keer ouma en oupa, wat ’n aandeel gekry het in hierdie situasie, oom en tannie wat een of ander inset het om te lewer oor die ouers...” (*Family counselling is about the total family in my view. All the parties have to be involved. And often it is not only the mother, father and child, it is often also grandma and grandpa, that got a stake in this situation, uncle and aunt that have some input to give about the parents...*) – P5

“Gesinsberaad. Ek dink dit betrek die hele gesin, ma, pa en kinders. Ek dink as ouma en oupa daar is dan betrek dit hulle seker ook, maar in geheel is dit almal in die gesin wat jy definitief beraad...” (*Family counselling. I think it involved the entire family, mom, dad and children. I think if grandma and grandpa are there, I involve them as well, but overall it would be everyone that is in the family that you definitely counsel*) – P6

This finding that participants involve all family members corresponds with the Encyclopaedia of Children’s Health (2017) which states that family counselling involves all family members of a nuclear or stepfamily and in certain cases the extended family, such as grandparents, as well.

Category 4.3.2: Enable family to function as a unit

The second **category** under this sub-theme is to enable the family to function as a unit.

A few participants stated that family counselling assists in aiding families to be able to function as a unit. This would entail working with a family to get them to a sustainable place of healthy functioning.

“...en om die gesin as ’n eenheid te probeer laat funksioneer.” (...and to try and get the family to function as a unit.) – (P2)

“...sodat die gesin op die ou einde as ’n gesonde geheel kan funksioneer.” (...so that the family can function as a healthy whole in the end.) – (P7)

The finding that participants focus on enabling the family to function as a unit corresponds with literature (Australian Association of Family Therapy, 2018) that family counselling engages the family as a unit in order to support the recovery of the family unit in difficult or stressful situations. This also corresponds with literature from the The Social Work Task Force Report (2010) that cite that social workers need to assist families in being able to handle their own affairs where possible.

Sub-theme 4.4: Identify the needs of the family

The fourth **sub-theme** under participants' understanding of family counselling is to identify the needs of the family.

Category 4.4.1: Focus on individual needs and needs of the family as unit

The only **category** under this sub-theme is to focus on individual needs and the needs of the family as unit.

Participants stated that it is important to address individual and collective family needs and for healing to take place with a family collectively and not only some family members in isolation.

“...En, dan gaan dit oor wat elke individuele persoon nodig het en ook die geheel in hoe ons dit kan oplos.”
(...And, then it is about what every individual person needs and also the whole picture in how we can solve this.) – (P5)

“...en soort van vas stel, wat is die individual needs, maar ook, wat is die need as 'n gesin, en dan dit aan te spreek saam met die gesin in geheel...” (...and sort of determine, what are the individual needs, but also, what are the needs as a family, and then to address that with the family as a whole...) – (P6)

Working with the needs of family members in family counselling corresponds to literature. It is stated that family counselling aims to include and consider every family member's needs. Furthermore, the definition of family counselling states that family counselling should assist family members in appreciating each other's needs (The Australian Association of Family Therapy, 2018; Association for Family Therapy and Systemic Practices, 2017).

Sub-theme 4.5: Facilitate families to solve problems and conflict

The fifth **sub-theme** under participants' understanding of family counselling is facilitating families to solve problems and conflict.

Category 4.5.1: Facilitating families to solving problems and conflict

The first **category** under this sub-theme is facilitating families to solve problems and conflict.

Participants mention that often in family counselling, the social worker simply navigates and facilitates conversations between family members to resolve problems or conflict. Quite a number of participants mentioned that family counselling is often used to come to a solution for a problem that has manifested that a family is seemingly unable to solve by themselves due to high levels of conflict.

“...en beraad is mos seker maar 'n vorm van berading of gesprekke/ fasilitering om 'n sekere probleem op te los.” (...and counselling is a type of counselling or conversation facilitation to solve certain problems.) – (P9)

“It is sometimes just to be an intermediary, because mom and dad are screaming at each other, so you leave them alone. So, if you sit in between and both give their opinion, then they tend not to scream. So, it's being a referee, basically.” – (P18)

The relational problems that occur where counselling is needed as mentioned by participants correspond to literature that states that family counselling assists family members and couples to safely express and explore difficult thoughts and feelings and to understand each other's experiences and perspectives (Association for Family Therapy and Systemic Practices, 2017) and that family counselling enables members to talk about difficult or stressful issues in a way that invites engagement and supports recovery (Australian Association of Family Therapy, 2018).

Sub-theme 4.6: To preserve the family

The sixth **sub-theme** under participants' understanding of family counselling is to preserve the family.

Category 4.6.1: Prevent statutory removal of children by intervening therapeutically

The first **category** under this sub-theme is to prevent statutory removal of children by intervening therapeutically. Participants cited that they use family counselling to intervene when a problem arises so as to prevent children from being placed in alternative care and thus to keep the family together.

“...or what would help to ensure that the children don’t have to be placed in alternative care.” – (P19)

The finding that family counselling services is rendered to families to prevent children from being removed from the home corresponds to what the Children’s Act , the White Paper for Social Welfare and the White Paper on Families prescribe to social workers, in that therapeutic and support services should be rendered to at-risk families in order to preserve families and prevent statutory intervention.

Sub-theme 4.7: Inadequate understanding of family counselling

The seventh **sub-theme** under participants’ understanding of family counselling is inadequate understanding of family counselling.

Category 4.7.1: Confusing family counselling with other types of practice

The first **category** under this sub-theme is confusing family counselling with other types of practice. Some participants stated that family counselling is equal to mediation, parenting plans and family conferences.

“Yes, like the mediation or parenting plans or...” – (P3)

“So ons probeer in ’n gesinskonferensie sulke goedjies uitsorteer, wat ek nou sal dink is ’n tipe van ’n gesinsberaad wat ons dan doen...” (*So, we try to sort things like that out in a family conference, what I would think is a type of family counselling that we do...*) – (P10)

According to the literature of what family counselling is and what the process of family counselling entails, mediation, parenting plans, and family conferences do not constitute family counselling and would be considered a separate process to family counselling (Australian Association of Family Therapy, 2018; Encyclopaedia of Children’s Health, 2017; Carr, 2006).

4.3.3.2 Theme 5: Decision to utilise family counselling in service rendering to children and families.

Participants were asked to indicate when they make the decision to utilise family counselling in their service rendering to children and families. Sub-themes that came to the fore are laid out and discussed below.

Sub-theme 5. 1: Counselling is needed during office interviews and home visits

The first **sub-theme** under when social workers utilise family counselling in their service rendering to children and families, is whether counselling is needed during office interviews and home visits.

“Ek dink dit is gedurende die kantooronderhoude of tuisbesoeke wat ek doen, sal daar beradingsdienste gelewer word en as dit nou so kom en dit kom tot ’n sekere vlak en ek kan nie die nodige dienste aan die kliënt lewer nie, dan sal ek die persoon verwys.” (*I think family counselling services will be rendered during my office interviews or home visits, and when it reaches a certain level and I cannot render the necessary services to the client, I will refer the person.*) – (P1)

“Kyk dit is maar die gewone kantooronderhoud of tuisbesoek wat ek doen.” (*Look, it is the regular office interview or home visit that I do.*) – (P10)

Participants stating that they do family counselling when they do home visits or have office interviews convey that family counselling takes place regularly and not always in a formal manner. This indicates that families often have problems that require help and guidance which families need to discuss with their social worker. Literature supports the legitimacy of social workers utilising counselling skills when working with service users (Brandell, 2014; Miller, 2012; Riggall, 2012).

Sub-theme 5.2: Execution of family panels or family group conferences

The second **sub-theme** under when social workers utilise family counselling in their service rendering to children and families is the execution of family panels or family group conferences.

“So ons probeer in ’n gesinskonferensie sulke goedjies uitsorteer, wat ek nou sal dink is ’n tipe van ’n gesinsberaad wat ons dan doen. Ons het baie van hulle.” (So, we try to sort things like that out in a family conference, what I would think is a type of family counselling that we do. We have many of them.) – (P10)

“Meestal by ons panele, ons het so sesmaandeliks, by ons gesinne en by ons kinderhuis CYCCs het ons panele en dan betrek jy die ouers om dan nou verder te beplan, moet jy weet waar hulle staan, kan hulle die kinders in hulle sorg terugneem?” (*Mostly at our panels that we have every six months, with our families and children’s homes we have panels where you involve the parents to plan, and for that you need to know what their position is, can they take the children back into their care...?*) – (P2)

The fact that participants indicated that family panels and family group conferences are the same as family counselling, is in contradiction to what literature has to say about family counselling. The definitions of family counselling (Association for Family Therapy and Systemic Practices, 2017) and the process of family counselling (Carr, 2006) do not include family panels or family conferences. Family counselling refers to a social worker sitting down with a family for a few sessions, not a family panel or family conference. There seems to be a misunderstanding on the side of the participants regarding the true meaning of and use for family counselling.

Sub-theme 5.3: Resolve conflict in the family when family members are in disagreement

The third **sub-theme** under when social workers utilise family counselling in their service rendering to children and families is to resolve conflict in the family when family members disagree and when it is important to see the family together to clear up misunderstandings.

“...soms is daar probleme in die gesin en dit is belangrik dat almal saam sit om een tafel en hierdie berading te ontvang as wat jy een op die ou einde sien en elkeen het hul eie storie en op die ou einde sorteer dit nie die konflik uit nie.” (...*sometimes there are problems in the family, and it is important that everyone sits together around one table to receive this counselling instead of seeing one at the end of the day and then each person has their own story and then you don’t resolve the conflict.*) – (P7)

“When you see that there is a misunderstanding between family members, especially the parents...I’m trying to find a middle ground for both the parents to raise the children properly.” – (P15)

Literature on family counselling (Cummings & Schatz, 2012; Miguel, 2019) supports the utilisation of family counselling for family members to express their thoughts and feelings and to assist in family members understanding each other’s experiences and perspectives.

Furthermore, family counselling aids families in difficult and stressful situations which further supports participants' views. It would thus be possible for family counselling to help solve disagreements among family members, but this normally follows a process, not only a once-off session. It seems as if conflict management between family members are seen as family counselling.

Sub-theme 5.4: Prevalence of problems and rebellious behaviour in children

The fourth **sub-theme** for when social workers utilise family counselling in their service rendering to children and families is prevalence of problems and rebellious behaviour in children.

Quite a number of participants stated that they utilise family counselling when there is a child or children in a family that are acting out and behaving in ways that parents do not know how to deal with, in foster care or in their family of origin, such as in the following statements:

“So, in verskillende scenario's, byvoorbeeld ook as 'n kind begin weier om skool te gaan en rebels raak, veral in jou tienerfase, om vir 'n ouer te kan verduidelik hoekom gebeur dit nou so”. (*So, in different scenarios, for example, when a child is refusing to attend school and starts rebelling, especially in the teenage phase, to be able to explain to a parent why it is happening*). – (P 8)

“...pleegouers met pleegkinders waar die pleegkinders mos nou gedragsprobleme toon...” (...foster parents with foster children where the foster children are exhibiting behaviour problems...) – (P10)

These views are in line with literature since according to the definitions of family counselling (Cummings & Schatz, 2012), it is the ideal space for assisting family members to understand each other, such as for parents of a child with behaviour problems to understand why their child is acting out, and for the family to talk about it in the presence of a social worker who may help them reach a stable place and make valuable changes. Family counselling can thus really help families in having better relationships with each other when difficult behaviour arises and for the family to stay stable and prevent a situation from escalating to a crisis.

Sub-theme 5.5: Improvement of parents' knowledge about developmental phases of children and appropriate disciplining styles

The fifth **sub-theme** under when social workers utilise family counselling in their service rendering to children and families is the improvement of parents' knowledge about developmental phases of children and appropriate disciplining styles.

Participants stated that educating parents mostly take place in the early intervention stage to prevent statutory intervention, such as in the following statements:

"Ok, kyk baie keer verstaan die ouers nie die kind in terme van waar hy is, sy ouderdomsvlak en wat sy lewenstaak is wat hy moet bemeester nie, hoekom 'n kind doen wat hy doen, hoekom hy optree soos wat hy doen...te sê ok kom ons gaan bietjie kyk na insig en probeer vir hulle laat verstaan..." (*Ok, look many times the parent does not understand the child in terms of where he is, his age level and what his life task is that he has to master, why a child does what he does, why he acts the way he does...to say, let's look at insight and try to get them to understand.*) – (P8)

"...die begin en die einde van alle probleme is ouers...die ouers is die mense by die huis wat dit moet implementeer en die verandering moet bring in die huis..." (*...the beginning and end of all problems are the parents...the parents are the people at home that have to implement and bring about the change in the house.*) – (P9)

These statements are in line with prescriptions of the Children's Act (RSA, 2005) concerning rendering early intervention services to families who are at-risk for statutory intervention by providing support, information, and therapeutic services, that include family counselling services. Thus, by providing information and family counselling to parents, it can help to preserve at-risk families and prevent situations from escalating to a crisis where a child would otherwise had to be removed.

Sub-theme 5.6: Family counselling is not utilised because the focus of rendering is on crisis intervention

The sixth **sub-theme** under when social workers utilise family counselling in their service rendering to children and families is that family counselling is not utilised because the focus of service rendering is on crisis intervention.

A few participants state that they do not have time to render therapeutic services to families, as they focus on crisis counselling services in an instance of a crisis or traumatic event as a once-off occurrence. This is illustrated in the following narratives:

“Ek dink wat berading is, ons_werk eintlik in ’n situasie waar jy moet crisis intervention doen, so jy kom regtig baie weinig uit by daai deel wat jy terapeutiese werk wil doen...” (*I think what counselling is, we actually work in a situation where you have to do crisis intervention, so you rarely get to the part where you do therapeutic work.*)

“...In ’n ander geval moes ek dit gedoen het na statuter, ons het nie tyd gehad nie, die kinders het die aanmelding gemaak dat hulle...en na die verwydering, toe die kinders in veiligheid is het ons tyd gekry.” (*...In another case I had to do it after statutory intervention, we didn't have time, the children made the report that they...and then after the removal, when the children were placed in safety, we had time.*) – (P5)

The fact that time for therapeutic services are limited, is confirmed in literature (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004; Strydom, 2010; Dlamini & Sewpaul, 2015; Nhedz & Makofane, 2015). The caseloads of child and family welfare social workers in South Africa are so high that social workers do not have enough time to effectively spend on each case.

This finding is in direct contradiction with the instructions of the Children’s Act, the White Paper on Families, and the White Paper on Social Welfare that advocate for early intervention and family preservation services. When social workers are only working in crisis mode and do not have adequate time to spend with the families that really need the service to preserve their family and prevent the removal of children, it inevitably leads to children being removed from their homes and placed in foster care, since a child cannot be left in unfit circumstances that have a severe negative impact on the child. It is thus very unfortunate that social workers do not always have time to render family counselling services to families, as such counselling services could prevent many removals and keep children in homes and spare these children and families the trauma of a removal.

Sub-theme 5.7: Delivery of foster care and family reunification services

The seventh **sub-theme** under when social workers utilise family counselling in their service rendering to children and families is delivery of foster care and family reunification services.

Many participants indicated that they render family counselling services to foster families due to relational or behaviour problems in foster children. This is reflected below:

“...kinders wat by materne of paterne grootouers geplaas word - die ouderdomsverskille is soms baie groot... so dit is iets tussen pleegkinders en pleegouers wat ons nou moet probeer uitsorteer...” (...*children that are placed with maternal or paternal grandparents- the age differences are often huge, so it is something between foster children and foster parents that we have to sort out...*) – (P10)

“...’n bietjie te kom gesels met die kind omdat hy gedragsprobleme gee en dan het ek die pleegma die nodige leiding gegee...” (...*to have a conversation with the child because he is exhibiting behavioural problems and then I would give the foster mother the necessary guidance.*) – (P6)

The definition of family counselling according to literature (Encyclopaedia of Children’s Health, 2017) conveys that family counselling aids family members in expressing their views and feelings, to help family members have empathy for one another’s experiences and perspectives and to assist families in challenging and stressful circumstances.

This definition supports social workers to work with behaviour problem children and foster parents individually and together, as is needed in the intervention process. When working to address challenging behaviour of the child the social worker would focus on the child individually. The social worker would also address the foster parents separately to help them understand the child and to give guidance on how to deal with the child’s behaviour. Combined focus would be placed on the foster child and foster parents to open communication and work out a way forward.

Participants also indicated that when considering placing children back with the family they were removed from, they would render family counselling services to address concerns and problems and prepare all family members for the reunification. Narratives are:

“...as dit nou byvoorbeeld gaan oor, ons wil graag die gesin herenig, die kinders herenig met hul ouers, sal ek sê dit is belangrik dat ons almal bewus gaan raak van sekere goed, en aanspreek...” (...*if it is for example about, we want to reunify the family, the children with their parents, I would say it is important that we all become aware of certain things, address it...*) – (P6)

“...I also use it within reunification, if we want children to start visiting over weekends...” – (P19)

Participants' answers correspond with literature since the Children's Act (RSA, 2005) states that if a child is removed from his or her home, a designated social worker gets assigned to render family reunification services to the parents to work on the issues that caused the removal of their child, so that the circumstances can be fit for the child to be placed back. One can imagine that parents have often gone through their own trauma in life, especially considering the South African context of extreme poverty and crime, coupled with the removal of their child(ren) and perhaps low education levels in many cases.

According to literature (Encyclopaedia of Children's Health, 2017), a social worker can focus intervention on the spousal sub-system if what needs to be worked on lies solely with the spousal sub-system, as it does in family reunification with parents. The foster care social worker renders the therapeutic preparation services to the child before and after a child gets placed back with the child's parents, for preparation and aftercare, in accordance with the ISDM (Department of Social Development, 2013).

Sub-theme 5.8: Observation of the interaction between family members during assessment

The eighth **sub-theme** under when social workers utilise family counselling in their service rendering to children and families is observation of the interaction between family members during assessment.

Participants indicated that one of the important reasons for doing family counselling is to observe and assess the relationship quality, attachment, and dynamics and atmosphere between family members.

"...om te kyk hoe die familielede interact met mekaar, hoe die atmosfeer is tussen hulle..." (...to see how the family members are interacting with each other, what the atmosphere is like between them...) – (P1)

"...baie keer by 'n assessering ook om te gaan kyk wat is die dinamiek in 'n gesin... om te kan kyk hoe reageer hulle teenoor mekaar, wat is die verhouding wat ek optel, is daar 'n gehegtheid hierso..." (...often at an assessment to look at what the dynamics are in a family, to see how they react towards one another, what is the relationship I am picking up, what is the attachment here...) – (P8)

Participants' views correlate with literature that assessment is a part of the family counselling process (Carr, 2006) and McLeod, 2013). One of the components of assessment is that the

social worker would first need to observe and analyse the family to be able to hypothesise what their problems are and what the family dynamic is. Carr (2006) and McLeod, (2013) also state that a social worker needs to build a therapeutic alliance with families, and to do that, a social worker would need to assess and observe the family members' personalities and characteristics so that the social worker knows what their triggers, weak and strong points are.

4.3.3.3 Theme 6: Family members invited to family counselling sessions

Participants were asked to indicate the family members they would invite to family counselling sessions. Sub-themes that came to the fore are exhibited below with narratives.

Sub-theme 6.1: All immediate and external family members

The first **sub-theme** in the theme of who social workers invite when they want to utilise family counselling with a family is all family members, immediate and external.

A few participants mentioned that they would invite everyone in the family, specifically members who have a role to play and a contribution to make to the conversation. This includes external family members in addition to primary caregivers, for example aunts and uncles, or grandmothers and grandfathers.

"...so, I usually call in both biological mother and biological father. Maybe if it is necessary the extended families... It depends on the age of the child." – (P3)

"Ek sal almal wat in die huis woon by die kliënt, sal ek nader, ook as daar miskien eksterne familie is wat dalk 'n significant rol speel in die kind se lewe, so watter familie okal betrokke is in daai spesifieke geval, sal ek nooi na die gesinsberadingsessies." (*I would approach everyone that lives in the same home as the client, also if there are external family members that play a significant role in the child's life, so whichever family members are involved in that specific case, I would invite to family counselling sessions".) – (P16)*

According to literature (Association for Family Therapy and Systemic Practices, 2017; Encyclopaedia of Children's Health, 2017), external family members such as grandparents can also be part of the counselling process, thus participants who stated that they would invite grandparents fall within the paradigm of the definition of family counselling.

Provision is not made for family members such as aunts and uncles to be part of family counselling, although all of these definitions are rooted in the United States of America, Britain

or Australia and do not keep South Africa's unique demographic situation in mind. According to Sedan (2014) 69% of South African children live in a complex arrangement of mixed family households which might include all different kinds of family members, including perhaps aunts and uncles. These aunts and uncles would be as part of the family as any other family member and might need to be included in family counselling if they are involved in an issue or have a valuable input to give. Keeping this in mind, it could be argued that the definitions of family counselling utilised in this study is not inclusive of South African family demographics, which does not mean that social workers who invite aunts and uncles are outside of the definition of family counselling.

Sub-theme 6.2: Only immediate family members

The second **sub-theme** in the theme of who social workers invite when they want to utilise family counselling with a family is that only immediate family members are invited for family counselling.

Immediate family according to participants refer to a child's primary caregivers, either the mother or father, or if the child is living with other family or placed in foster care then that family or foster carer would be the child's primary caregivers. Participants on this stance would thus only invite the child, the child's primary caregivers, and siblings if there are any.

"Die immediate family. Ek sal nie regtig die eksterne familie nooi nie, maar as daar concerns is wat die eksterne familie het dan sal ek hulle vra om 'n affidavit af te lê, maar ek sal hulle nooit nooi vir die onderhoud nie." (*The immediate family. I would not really invite external family, but if the external family has concerns, then I would ask them to complete an affidavit, but I would never invite them for an interview.*) – (P1)

"The immediate family, mostly. If the child lives with their mom and dad and siblings, then you will invite everyone. I will see them all individually first, just to get a background, then we eventually meet up all together..." – (P15)

Inviting only immediate family members corresponds with literature (Encyclopaedia of Children's Health, 2017), the focus of family counselling is the immediate family with the option of including external family members, but this is not prescribed and is only an option.

Sub-theme 6.3: Family and relevant external non-family members

The third **sub-theme** in the theme of who social workers invite when they want to utilise family counselling with a family is family and relevant non-family members.

Participants that cited this are of the opinion that all family members should be involved, but that other relevant parties should be involved as well, such as a teacher or any other adult living in the home, even if they are not family. It was mentioned that with certain cases a higher level of discretion is required such as in certain types of abuse cases or when a child is very sensitive in which case participants will be more selective about which members of the family or even non-members, will form part of the family counselling.

“Dit hang af wie betrokke is, die kind byvoorbeeld, definitief, die biologiese ouers definitief, die pleegouers definitief, as daar al 'n kinderhuis maatskaplike werker betrokke is, die skool beslis - die onderwyser. Enigiemand anders wat betrokke is. Dalk ander familieledede wat betrokke is.” (*It depends who is involved, for example the child definitely, the biological parents definitely, the foster parents definitely, if there is a children's home social worker that is involved, the school for sure, the teacher. Anybody that is involved. Perhaps other family members that are involved.*) – (P4)

“All the immediate parties, if need be, the external, like grandpa and grandma...perhaps maybe an aunt that is living in the home, and if possible, you need more external sources, like the child's schoolteacher maybe for instance, or the crèche teacher, whatever. Pull external resources as well.” – (P18)

Inviting external role players such as teachers and other social workers do not fit in with the aim of family counselling. The literature (Encyclopaedia of Children's Health, 2017) only makes provision for family members in family counselling.

There is a possibility that some participants confuse family counselling with family panels and family group conferences. This could be the reason why these participants would invite non-family members to “family counselling”. What they are referring to is not actually family counselling, but a family panel or family group conference. With family panels or group conferences the aim of counselling services is not to be therapeutic, but rather to discuss certain matters and devise a plan forward.

4.3.3.4 Theme 7: Combination of family members that would be seen during counselling sessions

Participants were asked to indicate the combination of family members they would see during counselling sessions. The researcher asked the participants what the combination of family members is they see together since many different sub-systems can be seen separately and together such as the sibling sub-system, spousal sub-system, spousal-child sub-system and the entire family system (Goldberg & Goldberg, 2002). Sub-themes that came to the fore are exhibited below with narratives.

Sub-theme 7.1: Family members are mostly seen alone

The first **sub-theme** under the theme of the combinations of family members a social worker would see for family counselling sessions is that family members are mostly seen alone.

Some participants noted that they do not often see families together as it is not always possible or necessary due to the work nature of some family members, or in some cases not every family member will be a key role player, thus only the key role player(s) will be identified and seen for counselling.

“Ek sien baie afsonderlik want baie ouers werk...maar dit is goed as jy almal saam kan kry. Die ma’s, selfs die pleegma’s, is meer betrokke as die pleegpa’s...Partykeer sien jy selfs ’n kind by die skool want jy kry hom nie altyd by die ouers nie, dis moeilik om almal so te betrek, veral in hierdie areas, die mense werk en party werk in die Kaap so dit is moeilik om hulle almal bymekaar te kry. Of die kinders het sport.” *(I often see them separately because many parents work...but it is good if you can get everyone together. The mothers, even the foster mothers, are more involved than the foster fathers...Sometimes you would even see a child at school, because you don’t always find him with his parents, it’s challenging to involve everyone that way, especially in these areas, the people work, some work in Cape Town, so it is difficult to get everyone together. Or the children have sport.)* – (P2)

“I don’t see them together all the time. You identify who are the main role players and you will see the main role players more and less people who are less involved in the home...it will be the major role players which will turn out to be the caregiver or the person who is responsible for the daily care of the child or children.” – (P11)

The finding that family members are mostly seen individually contradicts the aim of family counselling as the aim is to see the family mostly together (Encyclopaedia of Children’s Health,

2017). It is not a pure family counselling process if only certain family members are mostly seen alone and the family is rarely seen together. It can thus be concluded from these participants' statements that they do not truly follow a family counselling process with families, but mostly only see individual family members for counselling sessions.

Sub-theme 7.2: Families are mostly seen together

The second **sub-theme** under the theme of the combinations of family members a social worker would see for family counselling sessions is that families are mostly seen together, as it is important for assessment.

Some participants indicated that conflict can take place when families are seen together, but that it is necessary for assessing them together as important information can be gathered through observing, addressing, and solving the conflict in and with the family during family counselling. Narratives can be seen below:

“...sommige tye is dit nodig om daai konflik te hê om te kan sien wat regtig als uitkom, wat alles opduik. Ek sien gewoonlik, meeste van die tye, my mense saam, omdat dit baie belangrik is vir assessering.” (...*at times it is necessary to have that conflict to see what really comes out. I usually see my families together since it is very important for assessment.*) – (P12)

“Kyk, as hulle saam werk, en hulle funksionering is nie so dat hulle mekaar afbreek nie, dan sien ek hulle gewoonlik saam, want jy kan nie 'n probleem oplos individueel nie, jy moet dit saam oplos...” (*Look, if they work together, and their functioning is not of such a nature that they break each other down, then I usually see them together, because you cannot solve a problem individually, you have to solve it together...*) – (P8)

The finding that families are seen together to solve problems is in line with literature of a family counselling process. The literature (Cummings & Schatz, 2012; Miguel, 2019) states that most families are not equipped well enough to deal with conflict on their own, and that talking through their problems during family counselling can help them solve those problems and avert a potential crisis. It will thus be very useful for a family that is experiencing high levels of conflict to go through a family counselling process with a social worker.

Furthermore, literature states that family counselling involves all family members of a nuclear family or stepfamily but that family members can also be seen separately at times, but the focus of family counselling should not be to see family members alone (Australian Association of

Family Therapy, 2018). Thus, participants that stated that they mostly see families together are within the prescriptions of a family counselling process.

Sub-theme 7.3: Families are seen alone and together

The third **sub-theme** under the theme of the combinations of family members a social worker would see for family counselling sessions is that families are seen alone and together.

Some participants see certain family members alone during the process due to them being more open when they are seen individually or because it is not always possible to see the family together for every session. Thus, according to participants, it will depend from situation to situation and for some sessions it might be useful to see family members alone and for other sessions it might be useful to see families together. Participants thus do not always see families together to solve conflict and often attempt to solve conflicts with family members individually before bringing them together for collective sessions as a family.

“Meeste van die tyd sien ek almal saam, maar ek werk tussen in individueel...As jy ouers in berading het, ek haal baie keer die kinders uit, vir die rede dat die ouers begin baklei partykeer en die kind hoef nie deel van dit te wees nie. Dit hang ook af van die ouderdom van die kind.” (*Most of the time I see everyone together, but in between that I work individually...If you have parents in counselling, I often take the children out because the parents sometimes start fighting and the child does not have to be part of that.*) – (P5)

“Ons sal probeer om ’n gesin saam te sien soveel soos ons kan, maar soms is dit noodsaaklik om hulle afsonderlik te sien aangesien ’n konflik situasie kan ontstaan en dan is dit belangrik dat jy eers op die individuele vlak fokus laat daai persoon eers oukei is met wat aangaan...” (*We will try to see a family together as much as we can, but sometimes it is important to see them alone since a conflict situation can ignite and then it is essential to first focus on the individual level, in order for that person to first be okay with what is going on...*) – (P7)

Participants indicated that during a process with a family, they would see family members alone and then together. In some cases, family members are seen alone at the beginning of the counselling to gather each person’s story, and it is then tested whether members would be comfortable to have a collective session.

This way of working is confirmed in literature that states that during a process of family counselling, families can be seen together, and individually in between the collective sessions (The Encyclopaedia of Children’s Health, 2017; Carr, 2006), but that seeing family members

individually should not be the sole focus of family counselling sessions as this would defeat the purpose of family counselling and would become individual counselling with some family sessions, if ever. The participants that state that they mostly see family members alone or see family members alone first to test the conflict, are not following a pure family counselling process, since the focus of a pure family counselling process is seeing family members collectively together for the majority of the family counselling process.

4.3.3.5 Theme 8: Process followed when utilising family counselling

Participants were asked to indicate the process they follow when they utilise family counselling. Sub-themes and categories that came to the fore are exhibited below.

Sub-theme 8.1: Planning stage

The first **sub-theme** under the theme of the process that social workers follow when they utilise family counselling is the planning stage.

Category 8.1.1: Obtain information

The first and only **category** under this sub-theme of planning and to obtain information. Every participant indicated that planning is part of their process and that they plan and obtain the necessary information before starting counselling as well as establish who is involved and what the problem is about. Some participants do their planning with the family, as they feel the family has to be part of the process of planning the intervention. Statements can be seen as follows:

“The planning for me is more physical aspects of things, so making sure that the date and time is convenient, that the right people are going to be attending...to make sure that I’ve allocated sufficient time for the person or family...I will ensure that there is enough physical space...” – (P19)

“...ek kan nie sê dat mens by almal dieselfde beplan nie, maar wat ook al op jou tafel kom gaan ek eerste moet kyk, wie is die gesin, waarom gaan dit, wat is hulle ouderdomme...wie is my persone wat die inligting vir my gee en waar gaan ek inligting kry...wat is die taal wat gepraat word, watter inligting gaan hulle nodig he?” (*I cannot say that you plan the same for everyone, whatever lands on your desk, you are first going to have to look, who is this family, what is this about, what are their ages, who are the people that gave me the information, and where can I find more information, what is language being spoken, what information will they need?*) – (P8)

“Wel beplanning kan ek nie op my eie doen nie, dit doen ek gewoonlik saam met die gesin...” (*Well I cannot do planning on my own, I usually do that with the family...*) – (P5)

According to Carr (2006) planning is the first stage of the family counselling process and takes place before meeting the family with the purpose of deciding who shall attend the first session or series of sessions, what to ask them, and where to start. Thus, most participants’ answers corresponds to the literature as all do have a planning stage in their process, but some participants’ approach differs from the literature in that the literature states that planning should take place before meeting the family.

Some participants indicated that they plan before meeting the family, but it was not for the purpose of deciding who shall attend the sessions, the planning was focused on gathering information. Other participants indicated that they do not plan before meeting the family, and only plan together with the family. This does not correspond with the literature (Carr, 2006) as the literature indicates that the purpose of planning is to decide who shall attend the first session or sequence of sessions.

It can thus be concluded that some participants follow the family counselling stage of planning according to the process prescribed by literature, and other participants do not follow the prescribed way and only plan after meeting the family.

Sub-theme 8.2: Assessment stage

The second **sub-theme** under the theme of the process that social workers follow when they utilise family counselling is assessment stage.

Category 8.2.1: Determine views of family members

The only **category** under this sub-theme is to determine views of family members.

All participants indicated that assessment is part of their process that takes place before they start with a family counselling process. Participants indicated that the assessment stage is where they retrieve more information about the family members and determine their views by finding out who they are and where they are from, what their values and morals are, what are the problems they experience, what they have tried before. They would involve other role players

for more information if necessary, and observe how the family functions as a system. It was highlighted that at this point enough information had to be obtained.

“I’ll do an assessment firstly. I’ll find out who they are, where they are from, what was their childhood like, what is important to them in terms of their morals and values. I would then find out what the problem is...what have they tried before, what didn’t work...” – (P13)

“...If it is behaviour issues...you will first involve the child...get the child’s views...get the parents’ views...get the class teacher,...neighbours’ views...see how the family works as a system...from there onward you would see them together in family counselling.” – (P17)

“...I would make sure that I have sufficient information, that I feel comfortable being able to offer this counselling...obviously assessment is what I see and observe, how the parents and children communicate, what their body language looks like...” – (P19)

As can be seen from the narratives, participants indicated that in the assessment stage they engage and build rapport with clients and complete their assessments before continuing to the counselling stage. Some participants did not indicate whether they completed their assessments and formulation before moving on to the counselling stage, it was indicated by participants that social workers assess continuously throughout the family counselling process as things change and continuous assessments are needed.

According to literature (Carr, 2006; McLeod, 2013) the three main aims of the assessment stage are to engage with the family and contract for assessment, to complete the assessment and formulation, and to build a therapeutic alliance. Once a contract for assessment has been established and agreed upon, each person may give their perspective of the presenting problem. No participant said that they would do a contract before assessment, this is in conflict with what is prescribed in literature. It is thus clear that participants do not follow the assessment stage prescribed in family counselling literature.

Sub-theme 8.3: Family counselling or intervention stage

The third **sub-theme** under the theme of the process that social workers follow when they utilise family counselling is the family counselling or intervention stage. Literature control will be done after the last category of this sub-theme.

Category 8.3.1: A few family counselling sessions take place

The first **category** under this sub-theme is that a few family counselling sessions take place. A minority of participants indicated that they have a number of sessions with families and that they follow a process of family counselling with some families that really need it.

“...en die een vra, is jy bereid om vir nog ’n paar sessies in te skakel...As ek voel die persoon het al die sessies deurloop en daar is ’n suksesvolle uitkoms dan...termineer ons die dienste...” (*...and to ask, are you prepared to continue for a few more sessions...If I feel the person has completed all the sessions and there is a successful outcome then...we terminate the services...*) – (P8)

“...ons bespreek wat is die doel van vandag se sessie, gewoonlik sal ons ook kyk na vorige kere wat ons toe bespreek het, dan sal ons kyk na die huidige situasie wat aan die gang is...” (*...we discuss what the purpose of today’s session is, usually we would also look at what we have discussed previously, then we would look at the current situation...*) – (P5)

Category 8.3.2: Only one or two counselling sessions take place

The second **category** under this sub-theme is that only one or two counselling sessions take place.

Many participants indicated they do not have a series of family counselling sessions with family members but only one or two sessions, where they would see a family once and then follow up and/or have an open-door policy for families to come back when they need to. Participants cited that due to high caseloads and little time, they do not have the time to see families for many sessions and follow an intense therapeutic process with each family.

“...ongelukkig met die lading wat ons hanteer gee mens tot op ’n vlak leiding en dan is dit baie keer daarna ’n oop-deur beleid. Jy kom weer terug. Ek is net nie eenvoudig altyd in die posisie om weer op te volg nie...” (*...unfortunately, with the caseload that we manage we give guidance up to a certain point and then it is an open-door policy after that. You come back again. I am just simply not always in the position to be able to follow up...*) – (P14)

“...mens probeer altyd ’n opvolg sessie doen, afhangende van hoe ernstig die saak is natuurlik. Soms het ’n gesin net een gesprek nodig en dan gaan hulle weer aan...” (*...you would always try to do a follow-up session, depending on how serious the case is, of course. Sometimes a family only needs one conversation for them to carry on again...*) – (P9)

This finding that social workers have little time to spend with each family is confirmed by literature. Due to high administrative demands on social workers (Robb, 2013; Dugan, 2014; Calitz, Roux & Strydom, 2014), high caseloads (Dlamini & Sewpaul, 2015; Nhedz & Makofane, 2015) poor resources and a lack of funds in social work organisations (Alpaslan & Schenck, 2012; Strydom, 2010) in South Africa, the result is that social workers do not have time to spend many sessions on a family. The result is that most social workers only see a family once or twice and do not follow up, then have an open-door policy so that they can come back if necessary. According to literature there should be a few sessions with a family for a proper family counselling process (Carr, 2006; McLeod, 2013). It can thus be concluded that most participants do not follow the prescribed family counselling process of seeing a family for at least a few sessions, but that they see a family only for one or two sessions to solve the immediate problem, and then move on.

This is very unfortunate as with a proper family counselling process, a family's problems are much likelier to be resolved than just with one or two sessions where after problems can flame up again at any time, and then it might become a crisis and move from the early intervention level to the statutory level on the ISDM (Department of Social Development, 2013) because services were not adequately rendered at the early intervention level.

Sub-theme 8.4: Termination/ recontracting stage

The fourth **sub-theme** under the theme of the process that social workers follow when they utilise family counselling is termination or recontracting stage.

Category 8.4.1: Termination with an open-door policy

The first **category** under this sub-theme is there is termination with an open-door policy.

All participants indicated that they terminate with families, either when the goals have been reached or when they refer the families as they cannot offer the service themselves. Participants indicated that they do evaluate and review whether goals and outcomes have been reached and whether further services are needed. Some participants would, after a while, follow up with a family before closing the file. Most participants stated that when they terminate a file, they have an understanding with the family that there is an open-door policy where they can come back anytime they need services again.

“You might feel a bit more intensive support is needed, so you might refer...or you would get to a point where you feel that services are not needed anymore, and you would terminate...it’s always an open-door policy...” – (P19)

“...we need to put it on paper and commit yourself, you put a contract in place...You do terminate but before you officially close-close you must just follow up and see how the intervention went...how they are coping compared to before...how are they managing..” – (P15)

“...And then you would probably be terminating your services with the provision that they can come back at any time if they need it...” – (P11)

Literature stipulates that counsellors can have an open-door policy for families that might feel the need to come back for counselling (Macneli, Hasty, Conus & Berk, 2010). This is thus in line with participants who stated that they have policies with families to return when they need to after counselling has ended. Participants’ answers are also in accordance with section 28 of the Bill of Rights in the South African Constitution (RSA, 1996) that declares that all South African citizens have the right to access social services when they need to.

Based on the findings of the previous sub-theme where participants stated that they mostly only see a family for one or two family counselling sessions and this sub-theme where participants indicated that they have an open-door policy after termination, it may be useful to consider whether more family counselling sessions with families could lead to less families having to return for counselling after termination when only one or two sessions took place.

The literature (Carr, 2006) does not cite referring families for external counselling but only focuses in this process on the social worker offering the counselling themselves. When it comes to reviewing goals, the participants’ responses regarding reviewing goals, reviewing the family’s current and previous functioning, and the option of recontracting if necessary, correspond with the literature, since it is specifically outlined as being part of the family counselling process before final termination (Carr, 2006). Participants’ views are thus in line with the literature on an open-door policy after termination.

4.3.3.6 Theme 9: Family Systems Theory is utilised to guide service rendering to children and families

Participants were asked to indicate how they use the Family Systems Theory to guide their service rendering to children and families. Sub-themes and categories that came to the fore are conveyed below.

Sub-theme 9.1: Unsure about the content of the Family Systems Theory

The first **sub-theme** under the theme of how social workers use the Family Systems Theory to guide their service rendering to children and families is that they are not clear about the content of the family systems theory.

Category 9.1.1: Ecological Systems Perspective is described

The first **category** under this sub-theme is that participants seem to confuse the Ecological Systems Perspective with the Family Systems Theory. Many participants described the Ecological Systems Perspective where one looks at a person in their environment and all the systems that have an influence on their life such as the school and community, instead of describing the Family Systems Theory that focuses on the interaction between systems within the family (Goldenberg & Goldenberg, 2002; Miller, 2012; McLeod, 2013).

“...jy kry ’n geheelbeeld van as jy dit in gedagte hou, dan sien jy die individu ...in die prentjie van die society en skool en die kerk en die gemeenskap en alles.. So dit help, dit gee half vir ’n mens ’n, ek teken dit, ek gaan nou sê, oukei jy is hier, maar dit is al die ander faktore rondom jou wat tog ’n effek het op jou as persoon. Jy is hier maar dan is daar hierdie ander wat almal rondom jou is...jy het dalk ’n rol en funksie hier, dit alles het ’n effek, die gemeenskap, waar jy woon, skoolgaan, sport...” (*...you get a bigger picture, if you keep in mind, then you see the individual...in the picture of society and the school and church and community and everything...so it helps, I draw it and say, okay you are here, but these are all the factors around you that has an effect on you as a person, all these people around you...you have a role and function here, it all has an effect, the community, where you go to school, sport...*) – (P6)

“Omdat ons geleer het op universiteit dat ’n kind altyd deel is van ’n sisteem, die familie, die woonbuurt, die gemeenskap, die groter area, alles dit wat ’n uitwerking het op die gesin, so wanneer mens berading gee moet ’n mens al daai tipe goedjies in ag neem, dat alles, alles ’n uitwerking het op die gesin en dat dit hulle interaksie, hulle lewe en als daai beïnvloed.” (*Because we learned at university that a child is always part of a system, the family, the neighbourhood, the community, the bigger area, all these things that have an*

effect on the family, so when one gives counselling, you have to take all of that into consideration, everything has an effect on the family, and that it influences their reaction, their life and everything). – (P12)

Participants were thus confused between a theory and a perspective and so confused the Family Systems Theory with the Ecological Systems Perspective. It can thus be concluded that most participants do not have adequate knowledge of the Family Systems Theory.

Sub-theme 9.2: Use Family Systems Theory to guide service rendering

The second **sub-theme** under the theme of how social workers use the Family Systems Theory to guide their service rendering to children and families is that they use the Family Systems Theory to guide their service rendering.

Category 9.2.1: Family Systems Theory utilised to understand dynamics of family

The first **category** under this sub-theme is an accurate description of how the Family Systems Theory guides service rendering to children and families.

Participants indicate that the Family Systems Theory guides their service rendering to children and families and gives an example that the Family Systems Theory focuses on the relations between family members and how they affect one another.

“I think it’s not seeing just the child or just the parents in an entity, so you are looking at the dynamics within the family, what works for them, what causes conflict within a relationship, within the family relationship, what causes the children to deviate from the family rules... So, it is seeing what it is that is making them fragment, and what needs to be done to bring them all back together again...” – (P19)

“...it assists us actually in order to render better services to our families... you need to know how who relates to who and who affects who, you know to solve the issues and challenges within the family and the strengths in the house...” – (P15)

Participants’ descriptions matches the content of the Family Systems Theory literature where the focus is on the family system itself and the interactions that take place between the sub-systems in the family (Goldenberg & Goldenberg, 2002; Miller, 2012; McLeod, 2013; Rivett & Street, 2009).

Sub-theme 9.3: Not aware of using Family Systems Theory

The third **sub-theme** under the theme of how social workers use the Family Systems Theory to guide their service rendering to children and families is that participants are not aware of using the Family Systems Theory.

Category 9.3.1: Uses Family Systems Theory automatically

The first and only **category** under this sub-theme is that participants use the Family Systems Theory automatically.

Some participants indicate that they automatically use the Family Systems Theory without thinking about it and that after being in the field for many years, it is not something they realise they use in the moment of using it.

“Kyk ek het 2002 laas daai goed gedoen... ek dink ons doen dit seker automaties sonder dat jy in jou kop dink aan wat jy doen, maar weet jy ja dit is maar ’n uitvloeisel van al jou teorie dink ek saam, in die hele samestelling van jou dienslewering... jy moet want jy kan mos nou nie een in isolasie sien nie.” (*Look I haven’t done those things since 2002... I think we do it automatically without realising it, it is a combination of all your theory together, in the composition of your service delivery... you have to because you cannot see anyone in isolation.*) – (P2)

“Ja dit is algemeen, ek bedoel jy dink nie regtig dat ’n teorie is terwyl jy dit doen nie, jy kyk mos na almal in die sisteem... Dit is ’n ding wat automaties kom, as jy na die kind kyk in die pleegsorg situasie, dan is dit ’n heeltemalle ander situasie, dit is ’n ander sisteem waarin hy nou is, dit is ’n ander omgewing...” (*Yes it is common... you don’t really think of it as a theory whilst you are doing it, you look at everyone in the system... It is something that comes automatically, if you look at a child in their foster care situation, then it is a totally different situation, it is another system he is in now, a different environment...*) – (P4)

Authors (Simon, 1994; O’Neill, 2012; Platt, 2012; Gentle-Genitty, Chen, Karikari & Barnett, 2014; Schiller, 2015) argue that it is crucial for social workers to learn knowledge from theory as it serves as an anchoring frame and a conceptual screen for assessing cases, causal explanations, intervention planning and evaluating outcomes, and that theory is necessary for social workers to understand clients and their environments to be able to render more effective services. It can be concluded that social workers do not keep abreast with literature and even forgot the majority of the literature they studied at university, which is in contradiction with literature that states that it is crucial for social workers to use knowledge from theory.

4.3.3.7 Theme 10: Skills and techniques utilised during family counselling sessions.

Participants were asked to indicate which skills and techniques they utilise during family counselling sessions. Sub-themes and categories that came to the fore are exhibited below.

Sub-theme 10.1: Skills used in family counselling

The first **sub-theme** under the theme of skills and techniques utilised during family counselling sessions is skills used in family counselling. The literature review for all four skills categories outlined below will be discussed together at the end of the fourth category.

Category 10.1.1: Listening skills

The first **category** under this sub-theme is listening skills.

A vast number of participants indicated that they use listening skills during family counselling, some even cited this skill as the most important.

“Obviously ’n mens moet luistervaardighede hê, dit is die belangrikste, want grotendeels wat ons doen...ons moet luister na wat die kliente sê, so almal gaan hulle se sê en ek moet kan luister...” (*You need to have listening skills, obviously, that is the most important, because a big portion of what we do...is listening to what the client is saying, so everyone is going to say what is on their mind, and I have to listen...*) – (P10)

“...Yeah you just have to listen to someone. Sometimes they just need to vent...So, I think listening is the most important one...” – (P18)

Category 10.1.2: Observation skills

The second **category** under this sub-theme is observation skills.

Many participants indicated that observing clients’ non-verbal cues and body language is just as important as listening to verbal words since a lot can be deduced from body language and observing clients.

“...waarneming...om te kan sien en te hoor...want baie keer sê jy iets maar jy bedoel iets anders, net te kyk, dit wat hy sê en sy gedrag, is dit in een lyn?” (...*observation...to be able to see and hear...because many times you might say something, but you mean something else, just to look, that which he says and his behaviour, is it in accordance?*) – (P8)

“...observation, listen to the verbal communication, but also the non-verbal, because there is a lot coming out in non-verbal communication and body language that is not said in words...” – (P11)

Category 10.1.3: Communication skills

The third **category** under this sub-theme is communication skills.

A few participants mentioned that it is important for social workers to have good communication skills to be able to communicate openly.

“...kommunikasie, daar is mos ’n hele rits...” (*Communication, there is a whole list...*) – (P2)

“...guiding them...open communication, guide the interview...” – (P11)

Category 10.1.4: Paraphrasing, reflecting and clarifying

The fourth **category** under this sub-theme is paraphrasing, reflecting, and clarifying.

A variety of participants cited that they often paraphrase, reflect, and clarify what clients said to them, to make sure that they understood what was said correctly.

“...om te sê, het ek nou reg verstaan wat Mevrou gesê het? Parafrasering...” (*...to say, did I understand you correctly now in what you have just said? Paraphrasing...*) – (P6)

“...ek voel 50% van ons werk is soos om te fasiliteer, te luister, te herhaal, so half terug te bons, te reflekteer, om dit wat hulle gesê het net weer terug te sê vir hulle.” (*...I feel that 50% of our job is to facilitate, to listen, to repeat, to bounce back, to reflect, to say what they have said, back to them.*) – (P9)

“...en dan, dink ek, dit wat hulle vir my gesê het sê ek terug, net om te verstaan. Ek sê vir die klient, jy het nou dit vir my gesê, verstaan ek reg? Want die mense sê vir jou ’n ding en dan. So ek moet kan clarify met die mense dat ek nou vir hulle reg verstaan het...” (*...and then to say back to them what they have said to me, just to understand. I tell the client, this is what you have told me, did I understand it correctly? Because people tell you something and then. So, I have to be able to clarify with people that I have understood them correctly...*) – (P10)

According to literature, a variety of skills are important when engaging with clients in a counselling process: listening skills (Egan, 2010; Maidment & Egan, 2016), picking up on verbal and non-verbal cues, observation skills and communication skills, as well as paraphrasing, reflecting and clarifying (Maidment & Egan, 2016). The skills that participants

cited as the skills used in family counselling, correspond with what the literature indicates as skills used in family counselling.

Sub-theme 10.2: Techniques used in family counselling

The second **sub-theme** under the theme of skills and techniques utilised during family counselling sessions is techniques used in family counselling.

Category 10.2.1: Empathy

The only **category** under this sub-theme is empathy.

Some participants indicated that having empathy when working with clients is extremely important, as social workers need to be able to put themselves in the shoes of the people they render services to, to be able to better understand them.

“...empatie...ek probeer om ’n persoon te wees sodat ek nie lyk soos ’n robot nie...” (...empathy...*I try to be a person so that I do not look like a robot...*) – (P5)

“...Oe empatie is nog een...ek moet myself in my pleegkind se skoene kan sit en ek moet myself in die biologiese ouers se skoene sit en dan ook die pleegouers, dat ek net kan verstaan...” (...*Oh empathy is another one...I have to be able to put myself in the foster child’s shoes and the biological parents’ shoes and then in the foster parents’ shoes as well, just so that I can understand...*) – (P10)

The participants that stated they use empathy when doing family counselling are in line with literature since various literature sources convey that empathy is an important technique in an intervention process with clients and that it is very important for social workers to have empathy when dealing with families’ most personal situations and feelings. The social worker is better able to help the family when empathy is expressed and a point is made to try and really understand what the family is going through, in order to work towards positive change (Maidment & Egan, 2016; McLeod, 2013; Riggall, 2012).

Sub-theme 10.3: Aids used in family counselling

The third **sub-theme** under the theme of skills and techniques social workers utilise during family counselling sessions is aids used in family counselling.

Category 10.3.1: Genograms

The only **category** under this sub-theme is genograms.

The majority of participants indicated that they use a genogram in family counselling in order to get a proper history of the family and to understand the structure of the family and who fits in where, especially when there are many siblings and different parents involved.

“...based on the family history, you use genograms. You see the history of the family, they can see, I come from that kind of family, they come from that kind of family...” – (P15)

“Die genogram werk nogals baie goed, veral met ons pleegkinders waar daar sibbes is. Ons het tien kinders met tien pa’s, verstaan, so die genogram werk goed...” (*The genogram works really well, especially with our foster children where there are siblings. We have ten children with ten fathers, so it works well...*) – (P10)

According to literature, (Carr; 2006; Michaeli, 2016; Therapist Aid, 2019), genograms can be used to obtain a family’s information as drawn in a family tree in the initial family assessment sessions. This corresponds with participants’ responses as they said that they use a genogram to obtain information from families for assessment purposes. Participants that use genograms that obtain a family’s history, thus practice in accordance to the manner in which the literature prescribes in terms of using a genogram as an aid during the assessment phase.

4.3.4 CHALLENGES EXPERIENCED REGARDING THE UTILISATION OF FAMILY COUNSELLING IN CHILD AND FAMILY WELFARE ORGANISATIONS

The following section will focus on the challenges that social workers experience regarding the utilisation of family counselling in child and family welfare organisations.

4.3.4.1 Theme 11: Challenges experienced in utilising family counselling in a child and family welfare organisation

Participants were asked to indicate the challenges they experience in utilising family counselling in a child and family welfare organisation. Sub-themes and categories that came to the fore are discussed below.

Sub-theme 11.1: Lack of available space for counselling

The first **sub-theme** under the theme of challenges experienced in utilising family counselling in a child and family welfare organisation is the lack of available space for counselling.

Category 11.1.1: Lack of own office to utilise family counselling sessions

The first **category** under this sub-theme is the lack of an own office to utilise family counselling sessions as social workers do not have enough or adequate space for counselling in their offices and they have nowhere else to do counselling.

“Die tweede uitdaging is, ons het wel ’n groot kantoor, maar ons het nie altyd kantore beskikbaar nie...Al die pleegsorgwerkers, ek en ’n ander maatskaplike werker en die auxiliary, ons deel een kantoor, wat beteken as iemand nou onverwags opdaag gaan ek nou in die rondte moet hardloop om ’n kantoor te gaan soek...”
(*The second challenge is, we have a big office, but we don't have available offices...all the foster care workers, another social worker and our auxiliary worker share one office, which means if someone shows up unexpectedly, I have to run around to find an office...*) – (P10)

“As mens dink aan die kliënte se behoeftes, daar is nie altyd venues beskikbaar of mens kan nie elke dag uitgaan nie...” (*If you think of your client's needs, venues are not always available, or you cannot go out every day...*) – (P12)

The finding that there is not always adequate venues or offices available for family counselling corresponds with findings from other studies (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004) that many social work offices do not have adequate office space or enough offices for the needs of families. It can thus be concluded that a lack of office space is a problem more widespread in South Africa since other studies in other parts of South Africa had the same finding. It makes it really difficult for social workers to do family counselling as is prescribed by policy documents and the Children's Act. Apart from making it difficult to perform their function, social workers are also in contradiction of policy documents and legislation.

Sub-theme 11.2: Lack of time to do family counselling

The second **sub-theme** under the theme of challenges experienced in utilising family counselling in a child and family welfare organisation is lack of enough time to do family counselling.

Category 11.2.1: Too much and unnecessary administration

The first **category** under this sub-theme is too much and unnecessary administration.

The majority of participants indicated that the amount of administration expected and required from them is excessive, to such a point that many participants feel they are spending most of their day doing paperwork instead of spending time with clients and families and delivering a direct service. Participants also say that most of the administration is unnecessary, such as constantly updating care plans. Participants feel that the lives of families change constantly and that the “here and now” situation is more important to work with.

“Ek sê altyd, die administratiewe werk is hopeloos te veel. Dat jy partykeer nie by die mense uitkom nie. En die vorms verander. By die jaar is daar nuwe vorms en jy vul allerhande sorgplanne en goeters in en jy gaan nie weer terug daarnatoe nie want die omstandighede verander so vinnig dat... Daar is hopeloos te veel administratiewe statistieke en vorms en beplannings en...wat maatskaplike werkers se werk bemoeilik...”

(I always say the administrative work is way too much, that you don't really get to the people. And the forms change. Every year there are new forms and you fill out all sorts of care plans and things, that you never go back to, because the circumstances change so quickly that... There are way too many administrative statistics and forms and planning and... that makes social workers' jobs challenging...) – (P2)

“Ek dink ook die verwagtinge wat gestel word aan maatskaplike werkers, veral in die sin van administratiewe werk, wat verskriklik baie is, wat ook verhoed dat dit wat ons veronderstel is om te doen, veral gesinsberaad, ek dink dit is 'n belangrike deel van 'n maatskaplike werker se werk, dit is eintlik ons core business. So op die einde faal ons eintlik die gesin omdat ons juis nie baie aandag daaraan gee nie.” *(I also think the expectations being set to social workers, especially in the sense of administrative work, which is an incredible amount, that prohibits you from doing what you are supposed to be doing, especially family counselling, I think it is an important part of a social worker's job, it is actually our core business. So, in the end we actually fail the family because we don't give it a lot of attention.) – (P6)*

“Die groot ding is, daar moet vorms ingevul word, daar moet administrasie gedoen word, daar moet lêers geopen, getermineer, geliaseer, vorms moet ingevul word...so 'n mens wil actually sê, weg met dit ek wil nou net berading doen, ek dink dit is almal van ons se droom om regtig 'n pad te stap met ons kliënt van punt A tot Z, maar dit is nie altyd moontlik nie...” *(The major thing is, forms have to be filled out, administration must be done, files must be opened, terminated, filed away, so you actually want to say, away with that, I only want to do counselling, I think it is any social worker's dream, to really be able to walk with your client from point A to point Z, but it is not always possible...) – (P8)*

This finding that social workers have too many administrative tasks corresponds with literature that indicates that social workers globally have too much administration that stands in the way of time with families that causes a lot of stress and feelings of not coping as well as a significant decrease in job satisfaction (Robb, 2013; Dugan, 2014; Calitz, Roux & Strydom, 2014; Whitaker, Weismiller & Clark, 2006). It can thus be concluded that the amount of administration expected from social workers prevents them from physically spending time with families, which is what needs to be done in order to intervene and help the family to change, and that is prescribed by legislation and policy documents, there is thus a major contradiction.

Category 11.2.2: High caseloads

The second **category** under this sub-theme is high caseloads.

Most participants indicated that they have very high and unmanageable caseloads, which leads to participants not having enough time to do family counselling sessions with families. Participants stated that they do the minimum with each family, because that is all they can give each family. It was also mentioned that there is no space to get creative or do something special with a child to make a child more comfortable, such as leave the office to go talk somewhere else, because other clients are already sitting in the waiting room, waiting to see the social worker, since there are so many cases allocated to each social worker.

“Baie keer is dit tyd. Ek het nie altyd tyd vir dit nie. Dit is baie tydrowend. En omdat ek die enigste een is wat (area van dienslewering) dek is my tyd baie beperk.” (*Often it is time. I don't always have time for it. It is very time-consuming. And because I am the only one that renders services in (area), my time is very limited.*) – (P5)

“All over is my groot ongemak die massa werk wat ons moet hanteer en daarmee saam die verwagtinge, dit is eenvoudig net nie altyd haalbaar nie...dit is weer 'n geval van jy werk maar om te cope, of jy cope nie. Dit is nooit maklik nie. Dit is NOOIT maklik nie. En as jy dit elke oggend verstaan, dan maak jy dit deur die dag.” (*All around my great discomfort is the masses of work that we have to manage and along with that all the expectations, it is just not always reachable. It is a case of, you work to cope, or you don't cope. It is never easy. It is NEVER easy. And if you understand that every morning, you make it through the day.*) – (P14)

“...Time. Usually when we have cases or we have stuff, one client leaves and the following client comes, we would probably have like five clients per day or five to six clients per day, so when the one comes out of your office the other one comes in, when the one comes out, the other comes in.” – (P15)

“I would say time, we don’t always have the capacity because of the cases that are coming to us, so we don’t actually have the time to really offer that counselling that the family desperately needs and that is then in most cases when we refer. That is because of the high caseload. It makes it almost impossible to render family counselling sessions here...” – (P17)

The finding of high caseloads as a challenge for family counselling corresponds with various literature sources that indicate that the caseloads of social workers in South Africa are extremely high, much higher than social workers can manage (Alpaslan & Schenck, 2012; Proudlock & Debbie, 2011; Strydom, 2010). It is interesting to note that the majority of participants listed high caseloads as a challenge in implementing legislation such as the Children’s Act as well as a challenge for doing family counselling with families, since participants feel that they simply do not have the time.

Sub-theme 11.3: Challenges regarding families

The third **sub-theme** under the theme of challenges experienced in utilising family counselling in a child and family welfare organisation is challenges regarding families. The two categories under this sub-theme will have a combined literature review after their discussion.

Category 11.3.1: Families are sceptical and distrusting of social workers

The first **category** under this sub-theme is families being sceptical and distrusting of social workers. It was mentioned that it is difficult to build rapport with some families in order for them to trust a social worker enough to be involved in their family and to do family counselling and that some families prefer private services as they are very sceptical and suspicious of designated social workers because they are seen as people who remove children.

“En, as ’n kliënt hoor maatskaplike werker of sielkundige, dan sal hulle eerder n sielkundige wil gaan sien, want hulle sien ’n maatskaplike werker as ’n persoon wat kinders wegvat.” (*And if a client hears social worker or psychologist, they would rather want to see a psychologist, because they see a social worker as a person that takes children away.*) – (P1)

“I can see where I’m rendering services, the community still looks at you, you’re just here to remove my child...” – (P11)

Category 11.3.2: Lack of cooperation from parents

The second **category** under this sub-theme is lack of cooperation from parents. It was indicated by a number of participants that some parents want to attend counselling under the influence of a substance, whilst other parents or family members that have a central role in the family are simply not interested in attending counselling and do not attend sessions, making it extremely challenging to proceed.

“’n Ander uitdaging wat ek ervaar is die bereidwilligheid van ouers om betrokke te raak by gesinsberading. Ja, daar is soms resistance van sekere ouers of familielede, familielede of biologiese ouers wat soms onder die invloed sessies wil bywoon of wat net nie belangstel nie.” (*Another challenge I am experiencing is the willingness of parents to get involved in family counselling. There is sometimes resistance from certain parents or family members or biological parents that want to attend the session under the influence, or that are just not interested.*) – (P7)

“Wel, samewerking...van al hierdie persone wat jy graag daarby betrokke wil hê en dan is daar mos nou dikwels die een wat nie kom nie, wat ook ’n sentrale rol vertolk...” (*Well, cooperation from all these people that you would like to have involved, and then there is often one that does not come, that plays a central part...*) – (P14)

The finding that there is often a lack of cooperation from parents for family counselling corresponds with literature (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004) which confirms that community members often do not understand the role of a social worker and that families often do not give their cooperation and are not motivated to work with a social worker towards change. Families should be motivated to take part in family counselling sessions.

Category 11.3.3: Distance from social work office to clients

The third **category** under this sub-theme is the distance from social work offices to clients.

Participants stated that the distances from many clients’ homes to their office are very far and that it is challenging for clients to come to the office, especially in the rural areas where there are very little transportation options. Social workers then have to go and fetch families and transport them to the office, or do counselling services at their homes, which is not ideal. Alternatively, clients have to pay for transport to the office, which is a disadvantage to them as many social service users face vast financial challenges. Furthermore, in rural communities, clients would often have to take an entire day’s leave from work causing them to lose day

wages as they cannot “quickly” go to see social services. It often takes hours to walk to the office and back in addition to the actual time spent on counselling.

“Die afstand is ook ’n probleem...Veral as ons dink aan ons plaasgemeenskappe, landelike gebiede, dit is nogals moeilik want jy as maatskaplike werker moet hulle dan gaan haal of tot by hulle gaan. Dit is alles uitdagings...” (*The distance is also a problem...especially when we think of our farm communities, rural areas, it is quite difficult because you have to go and fetch them or go to them. These are all challenges...*) – (P6)

“...afstand speel ook baie keer ’n rol want hulle kan nie altyd hier uitkom nie of jy moet uitgaan tot daar, goed val voor, die kantoor het sy eie opset van kar en sulke goedjies ...” (*...distance also plays a big part because they cannot always get here or you have to go out to them, things come up, the office has its own set-up of cars and so on...*) – (P8)

The finding that there are often considerable distances between where families live and the location of the social work office, corresponds with literature (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004) that confirms clients often live far from the social work office and experience high levels of poverty. These factors make it challenging for clients to travel to the social worker’s office who then often cannot make the trip.

Families cannot always travel to the office to receive family counselling, which is one of the reasons why it is sometimes difficult to render family counselling services to them. Added to this, and supported by literature, organisations are often not well-resourced, for example, they do not have enough vehicles, making it very difficult for social workers to travel to these families. This mismatch of social workers’ and families’ ability to travel, makes family counselling very challenging.

Sub-theme 15.4: Focus is on child protection

The fourth **sub-theme** under the theme of challenges experienced in utilising family counselling in a child and family welfare organisation is the title and job description of a designated social worker places focus on statutory work.

Category 11.4.1: Difficult to do family counselling due to responsibility of securing child's safety as first priority

The only **category** under this sub-theme is that it is difficult to do family counselling due to the responsibility of securing a child's safety as first priority.

Participants stated that the focus of designated social workers in child and family welfare organisations is on statutory intervention and the responsibility to focus on the safety of children comes first. Counselling is thus not always a priority when the safety of a child is in question, making it challenging to focus on family counselling.

“Die gevallelading baie beslis en berading is time-consuming, jy moet alleen daarop kan fokus. Jy kan nie nog dink aan 'n kind se lewe wat jy moet beskerm as jy moet berading doen nie.” (The caseload indeed and counselling is time consuming, you have to be able to focus on it alone. You cannot also think of a child's life that you have to protect when you do counselling). – (P12)

“...you need to act in terms of statutory intervention, that you don't have the time to do family counselling because you need to intervene. This child cannot stay with that family because the child has been abused, and in many cases there are so many signs of abuse that there is no time to do family counselling, you have to act on the evidence that is given to you. It's draining...” – (P13)

Participants' views correspond with legislation regarding their designation as child protection social workers in that they have to focus on a child's safety first and cannot ignore abuse taking place. This is the case even though it is prescribed that social workers should focus on prevention and early intervention first, and that family counselling at the early intervention level could possibly prevent a removal and would be worth an attempt in the least. Thus, participants could use family counselling as an intervention method to preserve a family instead of removing a child from their home.

Policy documents such as the White Paper for Social Welfare and the White Paper on Families emphasise that social workers should first focus on family preservation by providing counselling and intensive support services and that the removal of a child should be the last option. The Children's Act (RSA, 2005) is the legislation that prescribes the manner in which social workers must work with children and families and details the role of a designated social worker. It details that social workers should focus on early intervention and family preservation, but that action must be taken when children are in need of care and protection.

This confirms participants' statements that it is challenging for them to do counselling when they are concerned about the safety of a child, and that the safety and wellbeing of a child comes first as prescribed by the Children's Act (RSA, 2005).

Sub-theme 11.5: Financial challenges for poor families

The fifth **sub-theme** under challenges experienced in utilising family counselling in a child and family welfare organisation is financial challenges experiences by poor families.

Category 11.5.1: Lack of financial resources to utilise resources outside organisation

The only **category** under this sub-theme is a lack of financial resources to utilise resources outside organisation.

Participants indicated that they work with extremely poor communities who cannot afford private counselling services and therefore do not have access to those services.

"...and then you would refer them for longer-term counselling, but that waiting process takes so long, because you're usually put on a waiting list, because it's state department because our families don't have money to pay where they can be helped immediately..." – (P19)

"Finansieel is die ouers dalk nie sterk om die kinders te verwys na berading of terapie of watookal nie. Ek praat nou van ons arm menses in die landelike gebiede. Hulle kan dit nie finansieel bekostig nie..."
(Financially the parents might not be well enough to send the children for counselling or therapy or whatever. I am talking about our poor people in the rural communities. They cannot afford it financially...)
 – (P6)

The finding that many families that need social work intervention and family counselling, experience poverty, corresponds with literature (Alpaslan & Schenck, 2012; Kruger, 2008; Schenk, 2004), that states that one of the biggest challenges regarding clients of child and family welfare organisations is their levels of poverty, This affirms that it is not possible for clients to pay private counselling services. The family should thus be able to receive family counselling services from designated social workers, since it is their human right according to section 28 in the Bill of Rights in the South African Constitution (RSA, 1996). This also means that the clients should not have to be referred for counselling elsewhere. It was however noted, as discussed previously, that social workers have extremely high caseloads and too much administration to do, leaving very little time to see families in need of counselling. The fact

that social workers do not have time for families directly contradicts what policy prescribes regarding the delivery of social services and what legislation outlines regarding rights to social services.

4.3.4.2 Theme 12: Suggestions on how the challenges they experience could be managed.

Participants were asked to give suggestions on how the challenges they experience could be managed. Sub-themes and categories that came to the fore are exhibited below.

Sub-theme 12.1: More funding and resources for NGOs

The first **sub-theme** under the theme of suggestions by social workers on how the challenges they experience could be managed is more funding and resources for NGOs.

Participants suggested that more funds should be allocated to social services so that more resources can be acquired for organisations. They also suggested that more resources should be sponsored to their organisation, such as vehicles for rendering services. This is indicated below.

“Funding, because we know funding is also a huge problem in any NGO... we don’t have the funding to send those people to get the necessary resources, and that is it.” – (P17)

“Die Lotto kan vir ons *meer karre* gee...” (The Lotto can give us *more cars*...) – (P10)

It was also suggested that more resources get built in the community such as rehabilitation centres for drug and alcohol abuse as well as support centres with mentors for children who have no support or mentors. Narratives are:

“...*meer organisasies waar kinders kan inskakel wat nie pa’s het nie, wat nie ma’s het nie...kinders wat nie ’n mentor het nie, kinders wat nie ’n plek het om na toe te gaan waar daar positiewe invloede en stimulasie is nie...programme vir kinders...beradingshulpbronne, sielkundige sessies, daai tipe goed.*” (...*more organisations where children can get involved that do not have mothers or fathers, that do not have a mentor, children that do not have a place to go where there are positive influences and stimulation...programmes for children...counselling resources, psychological sessions, those sort of things.*) – (P9)

Sub-theme 12.2: Appoint more staff at NGOs to lower caseloads for more effective service rendering

The second **sub-theme** under the theme of suggestions by social workers on how the challenges they experience could be managed is to appoint more staff at NGOs to lower their caseloads in order to render more effective services.

Many participants stated that the answer to the problem is to appoint more social service professionals in the field of child protection. This would mean that each social worker would have less cases which in turn would mean that social workers can render more focused and effective services to a smaller caseload instead of having to serve too many clients and spreading themselves as thin as they are currently doing. Participants indicated:

“...maar iets wat net nie sal gebeur nie, om nog mense aan te stel, maar daar is nie geld nie...” (*...but something that just won't happen, to employ more people, but there is no money...*) – (P9)

“Ek dink ons moet mannekrag kry. Die werkslading...As ons praat van effektiewe dienslewering, as ons werkslading van so 'n aard is dat ons dit kan behartig en dit kan hanteer, sal ons baie beter dienste lewer aan gesinne.” (*I think we should get manpower. The workload...If we are talking about effective service delivery, if our workload is of such a nature that we can manage and handle it, we would be able to render a much better-quality service to our families.*) – (P6)

Sub-theme 12.3: Management of caseloads and administration

The third **sub-theme** under the theme of suggestions by social workers on how the challenges they experience could be managed is the management of their caseloads and administration.

Participants pointed out that it helps to manage the caseload that social workers realistically have to deal with if they have strong management skills and can effectively keep up to date with the expected administration.

“Werkslading bestuur is maar waarop ek terugval, jy het “’n beplanningstelsel en hoogwater, laagwater, hy word elke dag gesaboteer, maar ek probeer om by hom te hou. Dit is maar my coping mechanism...” (*Workload management is what I fall back on, you have a planning system, and come high tide, low tide, it gets sabotaged every day, but I try to stick to it. That is my coping mechanism...*) – (P14)

“Ek dink ook jy moet maar net effektief beplan en somstyd kan sê, hierdie kantoordeur is nou eers toe...So jy moet maar baie struktuur hê en beplan, jy moet ’n baie goeie ontvangsdame hê wat net kan sê, jy moet

somtyds jou kliënte ook leer om te sê, dis jou dag en nie vandag nie...Ons moet kan leer om nee te sê ook...”
(I think you have to be able to plan effectively, and sometimes say, this office door is closed for now, so you need to have a lot of structure and plan, you need a good receptionist that can say, also teach your client, that today is not your day...We have to learn to say no as well...) – (P8)

Sub-theme 12.4: Focus on preventative services should be stronger

The fourth **sub-theme** under the theme of suggestions by social workers on how the challenges they experience could be managed is that focus on preventative services should be stronger.

Participants pointed out that office functions can be changed to emphasise preventative services by allocating preventative services to certain social workers in an office and have the other social workers in the office work with statutory and reunification services.

“...we are not able to do counselling or intervene in a holistic way. So now we are trying to get crisis workers, we are trying to split up; two social workers for crisis work, and those are the people that just do statutory intervention, then we are trying to change the intake team into an intervention team where we get to have those groups where we can, according to the ISDM, do prevention, early intervention, and awareness programmes on what is abuse, rape, how to avoid these things, how to safeguard our children. We don’t get to do that, so we are trying to change that. We are trying to also counsel more in terms of our families... We are trying to change from statutory to a family-based organisation.” – (P13)

“Veral oor die ding dat ons fokus meer statutêr is. Ons almal kyk in die ding vas dat ons op die ou end net in die hof gaan opeindig. Ons hoef nie. As die fokus geskuif kan word, meer na voorkoming en vroeë intervensie as statutêr, dan sal ons baie minder statutêr doen. Maar ons opleiding in terapie en vroeë intervensieprogramme en al daai voorkoming goed is so min...” *(Especially about the thing that we are more focused on statutory (work). We all think that this thing is going to end up in court anyway. We don’t have to. If the focus can be shifted, more to prevention and early intervention (level) instead of statutory (level), then we will do significantly less statutory (work). But our training in therapy and early intervention programmes and all those things are so little...)* – (P5)

Sub-theme 12.5: Lack of solutions to address challenges

The fifth **sub-theme** under the theme of suggestions by social workers on how the challenges they experience could be managed is that participants do not have suggestions to offer because they do not have any solutions.

It was stated that if there were solutions currently, there would not be problems. Some participants are of the opinion that the problems they experience are problems that have always been there and that they will not change anytime soon, or ever.

“Nee, anders sou ek hulle nie gehad het nie.” (*No, otherwise I would not have had them.*) – (P12)

“Ek het geen idee nie. Ek dink nie dit sal verander nie. Jy kry mos nou maar verskillende tipes mense, ek dink nie dit sal ooit verander nie, jy sal altyd daai persoon kry wat privaat is, wat sy omstandighede vir homself wil hou of wat ’n bietjie biased gaan wees.” (*I have no idea; I don’t think it will change. You get different types of people, I don’t think that will ever change, you will always get those people that are private, that want to keep their circumstances to themselves or that is going to be a bit biased.*) – (P1)

“Ek kan sê ons moet meer personeel aanstel en ons moet meer hulpbronne hê, maar dit is nie so maklik nie, dit is nie goed wat nou gaan gebeur nie. Ek doen al so lank maatskaplike werk, en dit het nog nooit gebeur nie.” (*I can say we have to appoint more staff and we need more resources, but it is not that easy, these are not things that are going to happen now. I have been doing social work for such a long time, and it has never happened.*) – (P4)

4.4 CONCLUSION

This chapter contains the empirical data of social workers’ views on the utilisation of family counselling in rendering child and family welfare services. Participants’ identifying details were described as well as their challenges in implementing policy and legislation, their understanding on family counselling and how, when and with which family members they utilise it, how the Family Systems Theory guides their service rendering and which skills, techniques and aids they use. Participants further described the challenges they experience in implementing family counselling and possible solutions for these challenges were outlined. It was found that social workers have a variety of challenges in utilising family counselling, although they do see families together and do need comprehensive knowledge, skills and techniques in family counselling.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The first and second objectives were covered in Chapters two and three. The first objective was to describe policy and legislation pertaining to child and family welfare services within the South African context and the stressors experienced by families, which was covered in Chapter two. The second objective was to explain family counselling from a General Systems and Family Systems theoretical point of departure for social workers' utilisation in child and family welfare organisations; this was covered in Chapter three. The third objective was covered in Chapter four. The objective was to investigate the utilisation of family counselling in the rendering of child and family welfare services as well as the challenges that social workers experienced. The literature review reflected in Chapters two and three were applied in Chapter four to compare the findings of the empirical investigation with existing research.

The aim of this chapter is to address the fourth objective of the study, namely, to draw conclusions and recommendations for child and family welfare social workers, role players and policy makers regarding the utilisation of family counselling.

5.2 CONCLUSIONS AND RECOMMENDATIONS BASED ON EMPIRICAL FINDINGS

The next section aims to provide conclusions and recommendations based on the empirical findings of the research. The format used is in accordance with the themes of Chapter four. A complete list with themes, sub-themes and categories is depicted in Appendix 7.

5.2.1 Identifying details

From the depiction of participants' identifying details it was found that the overwhelming majority of participants had a B.A. Degree in Social Work, one had a B.Diac Degree in Social Work and two had a Master's Degree in Social Work. It was also seen that one third of participants had less than 2 years' experience in the field and only three participants had been working for more than 16 years. Less than a third of participants had caseloads lower than 100, whereas more than two thirds of participants had caseloads higher than 100 cases per social

worker, some up to 250 cases. An overwhelming majority of participants indicated that most of their caseloads or their entire caseload's services were focused on rendering services to the entire family.

It was interesting to note that more than two thirds of participants either only received training in family counselling at university, or said that they attended family counselling training, but when asked for details it was clear that the training was not about family counselling, or they could not give any details of the family counselling training since it took place too long ago. Almost half of participants were responsible as designated social workers for all the services on the four levels of the Integrated Service Delivery Model (ISDM) in their area of service delivery. The other participants were in offices that were functionally divided and assigned different roles to designated social workers in one area, for example pre-statutory social workers, foster care supervision social workers who also render family reunification services, case managers for children placed in Children and Youth Care Centres (CYCCs), and so forth.

CONCLUSIONS

The following conclusions could be drawn by analysing the identifying details of the participants. Most social workers in the child and family welfare field have a B.A. Degree in Social Work and did not continue with further studies. None of the participants had or were studying towards a Doctorate degree. Many of the participants had less than two years' experience, which indicates that new positions in child and family welfare offices often become available and that there is quite a high staff turnover. A small minority of participants had more than 16 years' experience, which indicates that social workers do not stay in child and family welfare organisations for the majority of their careers, assuming a career span is more or less 40 years.

Most participants indicated that their caseloads were higher than 100 cases, this shows that most social workers have extremely high caseloads that they have to juggle and give attention to. Most participants stated that the majority of their caseloads focused on service rendering to the entire family, and not just on individuals which shows that the focus in social work is on working with families together and not with individuals separately.

Most participants only received training in family counselling at university or their training was so long ago that they could not remember any details. Some social workers also confused

other training for family counselling training. This indicates that there is not enough training for social workers on family counselling after university. Lastly it was noted that more or less half of participants rendered services on all the levels of the ISDM and more or less half of participants rendered services according to a function that they were divided into. There was not an indication as to which of the two was more effective, as the majority of participants indicated high caseloads and feeling stressed and overwhelmed.

5.2.2 Theme 1: National policy and legislation documents that guide social workers' service rendering to children and families.

The following was found in the study:

All the participants indicated that legislation guides their service rendering. This was identified and discussed in Chapter 4. All the participants recorded that they use the Children's Act 38 of 2005 to guide their service rendering, and a few participants stated that they use only the Children's Act in their service rendering and no other legislation. Apart from the few participants that stated that they use only the Children's Act, other participants indicated that apart from the Children's Act, they also use additional acts in their service rendering. As reflected in the narratives in Chapter 4, some of these include the Sexual Offences and Related Matters Act, Education Act, Substance Abuse and Related Act, the Social Service and Related Professions Act, the Act on the Elderly, and so forth.

A few of the participants identified policies that guide their service rendering. A few different policy documents were highlighted, but the two policy documents that were highlighted the most were the White Paper for Social Welfare and White Paper on Families.

CONCLUSIONS

From these findings the following conclusions can be made. It is concerning to note that some of the participants mentioned they only use the Children's Act as a guide for their service rendering to children and families. These participants did not mention any other important legislation that could have an effect on their service rendering or that they should at least keep in mind, such as the Bill of Rights in the South African Constitution and the Social Service Professions Act, since social workers must be aware what the rights of every citizen is in order

to protect and uphold it, and they must be aware of the legal outline that social workers must follow in their service rendering.

It is also concerning to note that a number of participants did not mention either the White Paper for Social Welfare or the White Paper on Families as guides for their service rendering to children and families. The White Paper for Social Welfare is the compass to guide all service practitioners in South Africa towards the goals for social welfare, so to render services as a social worker without knowing what the goals of social welfare are, is quite problematic. The White Paper on Families is the document that should guide all service practitioners in South Africa who render services to families to understand the unique context and challenges that South African families face and what the goals are for families in South Africa. To render services to families without keeping this document in mind is an injustice to all families in South Africa.

RECOMMENDATIONS

- It is recommended that social workers have a more extensive and in-depth knowledge of all legislation that is relevant to the social work field and not only focus on the Children's Act.
- It is recommended that social workers have more knowledge of the important policy documents such as the White Paper for Social Welfare and White Paper on Families, since these documents are the guides for rendering services in social welfare and to families in South Africa.

5.2.3 Theme 2: The greatest challenges for social workers in implementing policy and legislation in terms of acting in the best interest of children and the well-being of families.

The following findings were discovered in the study:

The main challenges social workers face when implementing policy and legislation in acting in the best interest of children and families are a lack of time available for service delivery due to high administrative caseloads and high social work caseloads, the lack of resources for service delivery to children and families, difficulty in obtaining a birth certificates for children who do not have one, and the difficulty in securing placements for children who are in need of care and protection. Participants have indicated that in between having to do too much

administrative work and having social work caseloads that are staggeringly high, they do not have enough time to spend with families who need counselling.

Participants also highlighted that there is a lack of resources in the community and within organisations to assist families effectively, and that families often do not have the financial means to travel to resources that can assist them. Apart from this, participants struggle to obtain the birth certificates from Home Affairs of children whose births were not registered which negatively impacts the children and the social worker's ability to act in the children's best interest. Lastly it was indicated that there are not always suitable places available for children to be placed when they need to be removed from their homes.

CONCLUSIONS

From the above findings it can be concluded that social workers face many different challenges in implementing policy and legislation in the best interest of children and families. In addition to every single challenge mentioned as being a barrier to properly implement policy and legislation, it can be viewed that the whole of these challenges together is greater than the sum of its parts, and that though these challenges are individually already problematic, the sum of these challenges prohibit social workers from being able to effectively implement policy and legislation that are in the best interest of children and families.

RECOMMENDATIONS

- It is recommended that the number of administrative tasks social workers must perform is reviewed and reduced by the National Department of Social Development and that ways are found to simplify the remaining tasks.
- It is recommended that more social work positions are created so that each social worker in the child and family welfare field has a manageable caseload in order to render more effective services to families.
- It is recommended that national discussion forums are held with Home Affairs regarding the delays social workers experience in obtaining birth certificates for children whose births were not registered.
- It is recommended that a greater effort is made in sourcing alternative care families for safety and foster care for children who are in need of care and protection and need a

placement by the Department of Social Development and the role players they partner with.

5.2.4 Theme 3: Levels of the Integrated Service Delivery Model (ISDM) on which social workers mostly render services.

As mentioned in Chapter 4 in identifying details of participants, some social workers are designated to render services on all four levels of the ISDM in their organisation for specific geographical areas, and some social workers are designated to render services in their organisation only on specific levels of the ISDM. Some social workers render services on the prevention, early intervention, and statutory level up to removing and placing children through a court procedure, whereas other social workers render services to children and/or foster families who have already been placed on the statutory level, and to the biological parents and children on the family reunification level.

The following was found in the study:

Almost all participants indicated that for service rendering to children and families, they focus on the statutory level. Some participants indicated that they want to render services on the prevention and early intervention level, but admitted that their organisations do not have many prevention programmes because of a lack of available time, and cases that get reported to their organisations are so far advanced along the continuum of abuse and/or neglect that immediate statutory intervention is often required to remove children from their homes at that point. Other participants indicated that their focus is on the statutory level because they render foster care supervision services which require many different statutory tasks such as extending foster care placements.

Some participants indicated that their focus is on the early intervention level. The participants that said this explained that when it becomes apparent that there is a risk in a family, they would really try to render services to a family to prevent the removal of a child from the home, and thus work in a “preventative” manner. Even though the word “preventative” was used, it does not indicate to the prevention level which is about awareness, but to the early intervention level. Participants also indicated that some interventions refer to early intervention before a removal, but often in families where there are already risks for removal it is more intervention than early intervention.

CONCLUSIONS

The following conclusions can be drawn from the above findings. Policy and legislation documents such as the White Paper for Social Welfare, White Paper on Families, Integrated Service Delivery Model and the Children's Act place great emphasis on family preservation and are clear that services should be rendered to families first as awareness (prevention), then early intervention, and as a last option statutory intervention or removals of children. However, it is found that social workers in the child and family welfare field do not focus on awareness on the prevention level due to time constraints and that their focus is mostly on the statutory level because of the severity of cases of abuse and neglect that are reported to them; in direct contrast to the prescriptions of policy and legislation in South Africa.

RECOMMENDATIONS

- It is recommended that more social service professionals such as community development workers and social auxiliary workers are appointed by the government to do awareness programmes on a full-time basis in at-risk communities to raise awareness on acceptable child rearing practices to prevent removal of children and to improve the living circumstances of children.
- It is recommended that more social workers are appointed by the government to specifically render services on the early intervention level where there are risks, so as to preserve families and prevent the escalation of cases to statutory removal of children from their homes.

5.2.5 Theme 4: Understanding of family counselling.

The following was found:

The main components of family counselling as understood by participants are that family counselling aims to support families and to help families develop insight to overcome their obstacles, that the social workers should focus on the entire family and that they must involve every member of the family, and that the needs of the family should be identified. Furthermore, participants understood that family counselling aims to enable families to resolve their problems and conflict and to preserve families who are at risk for statutory removal or ensure reunification after removal. A few participants had an inadequate understanding of family

counselling and confused it with other types of practice such as mediation, parenting plans, and family conferences, which is not family counselling.

CONCLUSIONS

The following conclusions can be drawn from these findings. The vast majority of participants had an adequate understanding of family counselling and gave very accurate and relevant descriptions of what they regard as family counselling. There were some participants that did not give an adequate description of family counselling and confused it with mediation, parenting plans, or family conferences, which are completely separate processes to family counselling. Since policy and legislation documents make family preservation and counselling for families a priority, it is very important for all social workers rendering services in the child and family welfare field to have in-depth knowledge of family counselling and how to use it with families on their caseload.

RECOMMENDATION

- It is recommended that all social workers in the child and family welfare field attend training courses on family counselling every few years to sharpen their knowledge on the subject and to be able to help the families on their caseload as effectively as possible.

5.2.6 Theme 5: Decision to utilise family counselling in service rendering to children and families.

The following was found in the study:

Participants indicated that they utilise family counselling due to the following reasons: when family counselling is needed during office interviews and home visits, to resolve conflict in the family when family members are in disagreement, when there is a prevalence of behaviour problems and rebellious behaviour in children, and for the improvement of parents' knowledge about developmental phases of children and appropriate disciplining styles. It was also indicated that family counselling is utilised during the delivery of foster care and family reunification services and for the observation of the interaction between family members during assessment.

Some participants mentioned that they utilise family counselling during the execution of family panels or family group conferences, which is incorrect since family panels and family group conferences are not family counselling and counselling is not done at either of these. A number of participants indicated that family counselling is not utilised as they focus on rendering services during crisis intervention. These participants said that they do not really render therapeutic services to families and that they only render once-off crisis counselling to families who are experiencing a crisis or trauma.

CONCLUSIONS

The majority of the participants gave descriptions of when they would utilise family counselling. These descriptions fit the aim of family counselling as prescribed in literature, policy, and legislation. A few participants described instances in which they would utilise family counselling that were inappropriate, these were the use of counselling during family panels and family group conferences and are both processes with different objectives than the aim of family counselling. A few participants indicated that they do not utilise family counselling with families since their focus is on crisis intervention and that they do not have time to perform longer term therapeutic services for families. This is in direct contradiction with policy and legislation that instruct social workers to focus on prevention and early intervention services and render counselling services to families who need it.

RECOMMENDATIONS

- It is recommended that social workers attend training every few years on family counselling to understand its use and be able to effectively use it in practice, seeing as so many participants indicated how important it is to see the family together to work through problems and issues.
- It is recommended that more social workers are appointed by the Department of Social Development and their NGO partners so that social workers have the time to render family counselling services to families who need counselling.

5.2.6 Theme 6: Family members invited to family counselling sessions

The following findings were discovered in the study:

Some participants stated that they invite all immediate and external family members. Other participants stated that they only invite immediate family. A minority of participants cited that they would invite family and relevant external non-family members. When non-family members are invited, the counselling is not regarded as family counselling anymore, since family counselling only focuses on the family according to literature, although provision is made for external family members.

CONCLUSIONS

The following can be concluded from the above findings. It is interesting to note that some participants would only invite immediate family and that some would invite external family members. Both of the first category groups stated that it would only be family members who play a role in the child's life and that can thus be of significance in the process. The last category group stated that they would invite all family members and external parties that are not part of the family. Thus the last category of participants misunderstood the aim of family counselling and have an inadequate understanding of what family counselling is and how it should be utilised with families.

RECOMMENDATION

- It is recommended that social workers only invite immediate family members, and where applicable external family members, to family counselling sessions, since it cannot be seen as family counselling if individuals who are not part of the family are present.
- It is recommended that social workers receive more training in the counselling and questioning of family members so that these workers would not invite non-family members to family counselling as it no longer constitutes as family counselling according to literature when non-family members are invited to family counselling.

5.2.8 Theme 7: Combination of family members that would be seen during counselling sessions

The following was found in the study:

Many participants indicated that family members are mostly seen alone, whilst some participants noted that families are mostly seen together. There were a few participants that stated that families are seen alone and together, as it is applicable and appropriate to the process. The participants that stated that family members are mostly seen alone are not following the family counselling process as prescribed by literature. It is thus not family counselling when family members are mostly seen alone and would lean more to individual counselling with a few family sessions, if any. The participants that stated that families are mostly seen together are correct according to literature of family counselling, since the point is to see families together in family counselling. The participants that stated that they see families alone and together can be correct with their process according to literature, if the sessions where family members are seen together outnumber the individual sessions, since family counselling makes provision for individual sessions, but they should not be the focus of the entire counselling as the focus should be on seeing the family together for the most part.

CONCLUSIONS

The following conclusions can be drawn from the findings above. It can be concluded that many participants do follow the correct family counselling process in that the families they see are mostly seen together. Other participants indicated that they would see family members separately and together, which is correct with the provision that joint sessions are more frequent than individual sessions, and that these participants are thus still within the prescriptions when they see families mostly together. Some participants indicated that they mostly see family members alone, which indicates that these participants do not fall within the literature prescriptions for the family counselling process.

RECOMMENDATIONS

- It is recommended that social workers attempt to see families together as often as possible, since family counselling is not taking place if all the family members who play a role are not present for the majority of the family counselling process.

5.2.9 Theme 8: Process followed when utilising family counselling

The following was found in the study:

All the participants indicated that they have a planning stage as part of their family counselling process. All participants indicated that they obtain information during this stage to establish who is involved and who should be part of the counselling process, as well as what the problems are. Some participants plan with the family, and other participants plan before having a meeting with the family.

All participants indicated that assessment is part of the process before they start with family counselling. An important aspect for participants in the assessment is to determine the views of all family members to know more about them and how they experience their problems, to be able to work with the family in finding solutions to the problems.

It was indicated by all participants that in the family counselling process they come to a family counselling or intervention stage. A minority of participants indicated that a few counselling sessions take place at this stage with families who really need it. The majority of participants indicated that only one or two family counselling sessions take place with the families that they render services to and because of their high caseloads they are not in a position to always follow up with families, but have an open-door policy so that these families can return when they need to.

All participants indicated that there is a termination or recontracting stage in their family counselling process and that they terminate the process with families either when the goals have been reached or when they cannot further offer a suitable service. At the point of not being able to further render family counselling services to a family, participants indicated that they would refer the family for further counselling services elsewhere. Most participants stated that they have an open-door policy with families where there is an understanding that families can return when they again need counselling services.

CONCLUSIONS

The following conclusions can be drawn from the above findings. All participants follow the process of planning, assessment, intervention, and termination to some degree, each with their own variation of the family counselling process. Some participants are within the prescriptions

of the family counselling process according to literature and see families for a few sessions and then follow up with how the intervention went. Others are not in line with the literature since they only see a family for one or two sessions and then terminate the case.

Most participants in either of these categories stated that they have an open-door policy with families, so that families can come back when they need to. This is correct according to policy and legislation that citizens have a right to access social services when they need to. It can be concluded that all participants see it as necessary to see families together to discuss certain aspects. Reasons for not seeing them for ongoing sessions are not related to the fact that it is not necessary, but rather to the fact that they do not have the time to see the family together.

RECOMMENDATIONS

- It is recommended that social workers in the child and family sphere attend family counselling refresher courses every few years to keep up to date with knowledge in order to be able to utilise family counselling correctly and according to the prescriptions of literature because families are often seen together. It is therefore important to have knowledge about the process of family counselling.
- It is recommended that visual posters of the family counselling processes be put up in every social work office to serve as reminders of the process and to guide social workers to follow the process as stipulated as it was indicated that information gets forgotten over time.

5.2.10 Theme 9: Family Systems Theory is utilised to guide service rendering to children and families.

The following findings were discovered in the study:

Most of the participants were not knowledgeable on the Family Systems Theory and could not explain what the theory entails. Participants instead explained the Ecological Systems Perspective, which is a very different theory that has nothing to do with the Family Systems Theory. A few participants indicated that they have knowledge of the Family Systems Theory and that they apply the theory in their service rendering. They were able to explain what they understand about it, such as being able to understand family dynamics better. A few participants cited that they do use Family Systems Theory in their service rendering, but that

they do not think about it whilst they are using it, and only when reflecting about it could they identify that they have been using it.

CONCLUSIONS

The following conclusions can be made from the above findings. Some participants did not have knowledge of the Family Systems Theory and some participants stated that they use the Family Systems Theory in practice, but do not do so consciously. This indicates that these participants have forgotten what they learned at university and have not kept their theoretical knowledge up to date throughout their social work career. This is in contradiction to literature that states how important it is for social workers to base their practice in theoretical knowledge and to keep abreast of theories and literature to better incorporate social work theory in practice. The participants that did have knowledge of the Family Systems Theory and could explain it, either remembered the information from their university studies, or they have kept abreast of social work theories and literature.

RECOMMENDATIONS

- It is recommended that social workers read through all the important theories for social work service rendering and working with families at least once every few years to be able to have in-depth knowledge of all the applicable theories and to identify when they are working with any of the theories. They must also be able to integrate theory into practice more actively and with awareness of doing so.
- It is important to make sure that child and family social welfare workers have knowledge about the theories and perspectives pertaining to family counselling. Even if they do not have the time to do it, they should be able to determine when families are in need of this type of counselling and refer them if possible.

5.2.11 Theme 10: Skills and techniques utilised during family counselling sessions

The following was learned in the study:

All participants identified skills used in family counselling. The skills that were mentioned by most participants were listening skills, observation skills, communication skills and paraphrasing, reflecting and clarifying skills. Participants also identified techniques used in family counselling. The technique most cited by participants was the technique of using

empathy. Participants noted that it is important for social workers to be able to put themselves in the position of other people to render effective services. Most participants could not identify a technique and stated that they use techniques automatically and cannot name them.

Aids used in family counselling were also identified by participants. The vast majority of participants indicated that they use genograms when working with families to get a proper history of the family and to understand the family structure and who fits in where, especially in families where there are many siblings and many parents. This corresponds with literature for family counselling where provision is made to use a genogram in the assessment phase.

CONCLUSIONS

The following conclusions can be drawn from the above findings. All participants identified relevant skills that are used in family counselling, although some participants identified more skills than others. A genogram was the most cited aid mentioned by participants that they use in family counselling and which use is prescribed for assessment by family counselling literature. Only a few participants could identify a technique utilised in family counselling. It can be concluded that most participants could identify at least some skills utilised in family counselling, but that many participants are unaware of the skills they use since they cannot name them. Most participants could not identify a technique to utilise in family counselling. It is clear that a lot of participants do not have the theory and literature of skills and techniques fresh in their minds since they were only able to name a few or none at all and that this is in contradiction with literature that states that social workers should base their practice in theory.

RECOMMENDATION

- It is recommended that social workers continuously attempt to expand their skill-set and knowledge of techniques in family counselling by reading more about family counselling skills and techniques and trying to implement in their practice after they have a full understanding of what it entails since social workers often see families together and would need these skills and techniques.

5.2.12 Theme 11: Challenges experienced in utilising family counselling in a child and family welfare organisation

The following findings were found in the study:

The main challenges that participants experience in utilising family counselling in their organisations with families are: lack of available space for counselling and lack of time to do family counselling. The lack of time is due to extremely high caseloads and administration, and a huge amount of work they are expected to do which is simply not achievable. It was also indicated that there are challenges regarding families, a lack of cooperation from parents, financial challenges for poor families, and that the distance between the homes of families and the office is often far apart making it difficult for participants and families to travel to each other, with poverty levels of families exacerbating this even more due to not having money to travel to the social work office.

A few participants pointed out that the focus is on child protection and that it is therefore difficult to do family counselling when there are signs that a child needs to be removed due to severe abuse and/or neglect as the social worker has the responsibility of securing a child's safety as first priority.

CONCLUSIONS

The following conclusions can be drawn from the above findings. There are a number of challenges that participants identified making it difficult for them to deliver family counselling services. The findings correspond with literature of studies previously done in South Africa that cite the same challenges social workers experience as was found in this study.

It can be concluded that a combination of high caseloads, excessive administration, lack of cooperation from parents, financial challenges restricting poor families to travel to the offices of social workers, and a lack of available office space to offer family counselling sessions in, all add to making it very challenging for participants to have family counselling sessions with families.

Regarding the few participants that pointed out that their designation to protect children prohibit them from doing family counselling with families: policy documents and legislation urge social workers to focus on the prevention and early intervention levels of the ISDM. This

is the area in which family counselling would play a significant part in working with families on the early intervention level to prevent statutory removals, as removal of children is always the last option. Participants who convey that they cannot focus on family counselling because they have to focus on the safety of children are in contradiction of existing policies and legislation that state that family counselling in family preservation services on the early intervention level can prevent the need to remove children on the statutory level. Thus, by rendering family counselling services to at-risk families, participants would be focusing on the child's safety and focusing on trying to keep the child in the home as far as possible with removal as the last option.

RECOMMENDATIONS

- It is recommended that more office space be made available in communities such as in schools and churches for social workers to be able to consult families in since most social workers indicate that there is a lack of office space.
- It is recommended that more social workers be employed by the government to lessen the caseloads of all social workers, for them to be able to render more effective services to families.
- It is recommended that the Department of Social Development re-evaluate all the administrative tasks that social workers are burdened with, and to limit, simplify, lessen, and eliminate all unnecessary tasks, in order for social workers to be able to spend time on direct service delivery with families.
- It is recommended that the government employs more community development and social auxiliary workers to create awareness in communities as a preventative measure before families develop the need to engage in family counselling services, and to be able to work from a preventative approach.
- It is recommended that more financial resources are allocated to the Social Development budget, so that designated child protection organisations can pay for the transport of families to attend family counselling sessions when needed.
- It is recommended that the government consider employing an additional social worker or registered counsellor in every child and family welfare organisation and that this employee must only render counselling services or be able to see families for family counselling sessions as many times as they need to, to relieve social workers of some of the burden of their caseloads.

5.2.13 Theme 12: Suggestions on how the challenges they experience could be managed

The following was discovered in the study:

Participants suggested the following solutions to the challenges described in the previous section: to allocate more funding and resources to NGOs, and to appoint more staff at NGOs in order for caseloads to become smaller, service rendering to become more effective, better management of caseloads and administration, and a stronger focus on delivering preventative services.

A handful of participants did not have any solutions to these challenges. Some participants simply stated that they had no solutions, because if they had, they would not experience the problems. These participants elaborated that the problems they face have been there for years and they do not see it changing anytime soon.

CONCLUSIONS

The following conclusions can be made from the above findings. Most of the participants had noteworthy suggestions on how the challenges they experienced could be overcome leaving them able to render family counselling services to families. A conclusion can be drawn that if more funding and resources could be allocated to NGOs to improve their capacity and if more social workers can be appointed to lessen the caseloads for all social workers and to allow social workers to render more effective services due to having more time and to focus more on preventative services since as discussed before, the current focus is mostly on statutory services.

RECOMMENDATIONS

- It is recommended that the government provide more funds and resources to NGOs so that their capacity be improved making it possible for social services to render more effective services to families.
- It is recommended that more social workers be appointed at child and family welfare organisations to lessen the caseloads of existing social workers and to give them the opportunity for more effective service delivery.
- It is recommended that in-office functions of every child and family welfare organisation is re-evaluated to allocate prevention and early intervention services to a

few social workers and statutory and reunification services to other social workers to ensure some focus is placed on prevention and early intervention.

5.3 FINAL CONCLUSIONS

This study investigated the utilisation of family counselling by social workers in rendering child and family welfare services to families. Participants of the study indicated their use of family counselling in rendering services to families and pointed out various challenges that they experience in utilising family counselling efficiently and being able to implement policy and legislation to act in the best interest of children and families. Solutions to these challenges were also looked into and sought from participants. It was investigated what participants understood as family counselling, who they invite to family counselling sessions, whether they often see families together or not, and which skills, techniques and aids they utilise in family counselling sessions. It was also investigated which policies and legislation participants use to guide their service rendering, what role the Family Systems Theory play in working with families, and on which level of the ISDM participants mostly render services.

It is very clear from this study that there are many different challenges that social workers in child and family organisations face in rendering family counselling services, such as high caseloads, excessive administrative tasks, lack of organisational resources, distances between family homes and offices, and families not being interested in engaging with counselling or being distrusting of social workers causing them not to want to cooperate.

Final recommendations are that more funding and resources should be allocated to social services so that more social workers can be appointed which should lower caseloads for all social workers. Furthermore, a re-evaluation should take place regarding all the administrative requirements that are expected of social workers to lessen and simplify these tasks, in order for social workers to reach their goals of rendering more efficient and effective services to children and families.

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Appendix 1: Themes

Theme 1: National policy and legislation documents that guide social workers' service rendering to children and families.

Theme 2: The greatest challenges for social workers in implementing policy and legislation in terms of acting in the best interest of the child and the well-being of families.

Theme 3: Levels of the ISDM (Integrated Service Delivery Model) on which social workers mostly render services.

Theme 4: Understanding of family counselling.

Theme 5: Decision to utilise family counselling in their service rendering to children and families.

Theme 6: Family members invited to family counselling sessions

Theme 7: Combination of family members that would be seen during counselling sessions

Theme 8: Process followed when utilising family counselling

Theme 9: Family Systems Theory is utilised to guide service rendering to children and families

Theme 10: Skills and techniques utilised during family counselling sessions.

Theme 11: Challenges experienced in utilising family counselling in a child and family welfare organisation.

Theme 12: Suggestions on how the challenges they experience could be managed.

Appendix 2



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
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STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

THE UTILISATION OF FAMILY COUNSELLING BY SOCIAL WORKERS IN CHILD AND FAMILY WELFARE SERVICES

You are asked to participate in a research study conducted by **Marissa Pistor**, a masters student from the Social Work Department at the University of Stellenbosch. The results of this study will become part of a research report. You were selected as a possible participant in this study because you

- Are a social worker in a child and family welfare setting
- Have been working in this setting for the minimum duration of one year
- Render services to children and families

1. PURPOSE OF THE STUDY

The aim of the study is to develop an understanding for the views of service providers on the utilisation of family counselling by social workers in child and family welfare services.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following:

A semi-structured interview will be utilized to gather information confidentially. You need not indicate your name or any particulars on the interview schedule. The schedule will be completed during an interview conducted by a student-researcher.

3. POTENTIAL RISKS AND DISCOMFORTS

Any uncertainties on any of the aspects of the schedule you may experience during the interview can be discussed and clarified at any time.

4. POTENTIAL BENEFITS TO SUBJECTS AND / OR TO SOCIETY

The results of this study will inform the welfare organisation on the utilisation of family counselling in the delivery of child and family welfare services. This information could be used by the welfare organisation for further planning in service delivery.

5. PAYMENT FOR PARTICIPATION

No payment in any form will be received for participating in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of coding where each questionnaire is numbered. All questionnaires will be managed, analysed and processed by the student-researcher and will be kept in a locked cabinet in the researcher's office.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The student-researcher may withdraw you from this research if circumstances arise which warrant doing so, eg should you influence other participants in the completion of their questionnaires.

8. IDENTIFICATION OF STUDENT-RESEARCHER

If you have any questions or concerns about the research, please feel free to contact:

Dr M Strydom (Supervisor), Department of Social Work, University of Stellenbosch,

Tel. 021-808 2076, E-Mail: mstrydom@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me the participant by _____ in English. I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. A copy of this form was given to me.

Name of Subject/Participant

Name of legal representative (if applicable)

Signature of Subject/Participant or legal representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [name of subject/participant]. [He / She] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Investigator

Date

Appendix 3

DEPARTMENTAL ETHICS SCREENING COMMITTEE (DESC) CHECKLIST (DATA COLLECTION)				
To be prepared by the researcher (student researcher in consultation with supervisor/promotor) and attached to the actual research proposal, and submitted to your Departmental Chair				
Name of researcher: Ms				
MARISSA PISTOR				
Department of Researcher: SOCIAL WORK				
Title of research project:				
THE UTILISATION OF FAMILY COUNSELLING BY SOCIAL WORKERS IN <u>CHILD AND FAMILY WELFARE ORGANISATIONS</u>				
If a registered SU student, degree programme:				
M OF SOCIAL WORK				
SU staff or student number:				
16459970				
Supervisor/promotor (if applicable): Dr M. STRYDOM				
ETHICAL CONSIDERATIONS	Yes	NS*	No	ACTION REQUIRED
1. Familiarity with ethical codes of conduct				
As researcher I have familiarised myself with the professional code(s) of ethics and guidelines for ethically responsible research relevant to my field of study as specified in the list herewith attached, AND the 'Framework policy for the assurance and promotion of ethically accountable research at Stellenbosch University'	✓			If YES: Continue with the checklist. If NS/NO: Researcher must do so before proceeding.
2. The proposed research: (Go through the whole of Section 2)				
a) Involves gathering information directly from human subjects (individuals or groups) (e.g. by means of questionnaires, interviews, observation of subjects or working with personal data)	Yes ✓	NS	No**	If YES: Continue with the checklist. If NO: This checklist process does not apply to the proposed research, except if 2 (b) applies.
b) Involves gathering information directly from companies, corporations, organisations, NGOs, government departments etc. that <u>is not</u> available in the public domain	✓			If YES: Continue with the checklist. If NO: This checklist process does not apply to the proposed research.
c) Is linked to or part of a bio-medical research project			✓	If YES/NS: REC clearance may be required. DESC needs to decide.
d) Involves gathering of information without consent/assent, i.e. will be conducted without the knowledge of the subjects of/participants in the research			✓	If YES/NS: REC clearance may be required. DESC needs to decide.
e) Involves collection of identifiable information about people from available records/archival material to be collected on individuals/groups/lists with personal information			✓	If YES/NS: REC clearance may be required. DESC needs to decide.



* NS = Not sure/Don't know

** Please note: If the "No" option is selected it does not nullify the responsibility that rests on the researcher to ensure that ethical research practices are followed throughout the research process. The onus rests on the researcher to ensure that, should any ethical issues arise throughout the research process, the necessary steps are taken to minimise and report these risks to the supervisor/promoter of the study (where relevant), the Departmental Chair, and the REC. Furthermore: If the "No" option is chosen it does not absolve the researcher to seriously consider the possible risk that the research can in some way wrongfully disadvantage research participants and/or stakeholders or deny them fundamental rights.

3. The proposed research involves the gathering of information from people in the following categories:				
a) Minors (persons under 18 years of age)	Yes	NS	No ✓	If YES/NS for any of these categories (a-f): REC clearance may be required. The DESC must screen the proposal/project and must refer it to the REC if the ethical risk is assessed as medium or high. Then continue with the checklist. If NO for all of these categories: Continue with the checklist.
b) People with disabilities			✓	
c) People living with/affected by HIV/AIDS			✓	
d) Prisoners			✓	
e) Other category deemed vulnerable; SPECIFY here: [See Glossary of SOP for definitions.]			✓	
f) Stellenbosch University staff, students or alumni	Yes	NS	No ✓	If YES/NS: REC clearance must be obtained. Complete Checklist and submit to DESC. If NO: Continue with the checklist.
4. Assessment of risk of potential harm as result of research (tick ONE appropriate YES or NS box)				
a) Minimal risk (for a classification of risk types, and definition, see Glossary and Addendum 3 in REC SOP)	Yes	NS	No ✓	If YES: Established ethical standards apply. Proceed to 5, 6 and 7 and completion of checklist. If NO/NS: Proceed to 4b).
b) Low risk (for a classification of risk types, and definition, see Glossary and Addendum 3 in REC SOP)	Yes ✓	NS	No	If YES/NS: Established ethical standards apply; researcher/supervisor/promoter must refer the project to the DESC for further guidance. Proceed to 5, 6 and 7 and completion of checklist. If NO: Continue with the checklist.
c) Medium risk (for a classification of risk types, and definition, see Glossary and Addendum 3 in REC SOP)	Yes	NS	No ✓	If YES/NS: REC clearance must be obtained; the research project must be referred to the REC. Proceed to 5, 6 and 7 and completion of checklist. If NO: continue with the checklist.
d) High risk (for a classification of risk types, and definition, see Glossary and Addendum 3 in REC SOP)	Yes	NS	No ✓	If YES/NS: REC clearance must be obtained; the research project must be referred to the REC. Proceed to 5, 6 and 7 and completion of checklist. If NO: Continue with the checklist.
5. The proposed research involves processes regarding the selection of participants in the following categories:				
a) Participants that are subordinate to the person doing the recruitment for the study	Yes	NS	No ✓	If YES: REC clearance may be required. The DESC must assess and advise. If NO: Continue with the checklist.
b) Third parties are indirectly involved because of the person being studied (e.g. family members of HIV patients, parents or guardians of minors, friends)	Yes	NS	No ✓	If YES: REC clearance may be required. The DESC must assess and advise.

				If NO: Continue with the checklist.
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6. Steps to ensure established ethical standards are applied (regardless of risk assessment)				
a) Informed consent: Appropriate provision has been/will be made for this (either written or oral)	Yes ✓	NS	No	If YES: Develop & apply protocols and clear with DESC. Continue with checklist. If NS/NO: Attach justification & refer proposal to DESC for further assessment and advice.
b) Voluntary participation: Respondents/informants will be informed, inter alia, they have the right to refuse to answer questions and to withdraw from participation at any time	✓			
c) Privacy: Steps will be taken to ensure personal data of informants will be secured from improper access	✓			
d) Confidentiality and anonymity: Confidentiality of information and anonymity of respondents/informants will be maintained unless explicitly waived by respondent.	✓			
e) Training: research assistants/ fieldworkers will be used to collect data, and ethics awareness will be included in their training			✓	
f) Mitigation of potential risk: Likelihood that mitigation of risk of harm to participants is required is medium/high, and appropriate steps have been/will be taken (e.g. referral for counselling)	Yes	NS	No ✓	If YES/NS: Develop protocols for submission to DESC. Continue with checklist. If NO: Proceed with checklist.
g) Access: Institutional permission is required to gain access to participants and has been/will be secured. Specify here from whom: [If the permission letter required is available, submit it to the DESC. If it is not available, apply for it immediately and indicate to the DESC when it will be expected.]	Yes	NS	No ✓	If YES: Develop application for authorisation, clear with DESC & apply. Continue with checklist. If NS: Refer proposal to DESC for assessment and advice. Continue to 6 (h). If NO: Proceed to 6 (h).
h) Accountability research*: Institutional permission to gain access to participants poses an obstacle to conduct the research.	Yes	NS	No ✓	If YES/NS: Refer proposal to DESC for assessment and advice. Continue with checklist. If NO: continue with checklist.
i) Public availability of instruments to gather data: [When applicable] Are the instruments that will be used to gather data available in the public domain?	Yes	NS	No ✓	If YES or not applicable: proceed with checklist. If NS/NO: Obtain permission to use the instrument(s) and submit letters of permission with the proposal to DESC for assessment and advice. Continue with checklist..
j) Use of psychological tests: [When applicable] Are the instruments that will be used to gather data classified by law as psychological tests?	Yes	NS	No ✓	If YES/NS: Indicate who will administer these tests, and whether they are appropriately registered and adequately trained to do so. Provide registration number and professional body. Continue with checklist. If NO or not applicable: Proceed with checklist.
k) Protecting data from unauthorised access: Are appropriate measures in place to protect data from unauthorized access? If yes, specify what the measures are:	Yes ✓	NS	No	If YES: Specify and proceed with checklist.

<i>Coding of questionnaires</i> It will be kept safe in a locked cabinet in the Department of Social Work.				If NO/NS: Develop and put in place appropriate measures. Continue with checklist.
l) Unexpected information: If unexpected, unsolicited data is revealed during the process of research, data will be kept confidential and will only be revealed if required by law.	Yes ✓	NS	No	If YES: Proceed with checklist. If NO/NS: Consult on this matter with DESC. Continue with checklist.
m) Emergency situations: If an unexpected emergency situation is revealed during the research, whether it is caused by my research or not, it will immediately be reported to my supervisor/promoter and Departmental Chair for further advice.	Yes ✓	NS	No	If YES: Proceed with checklist. If NO/NS: Consult on this matter with DESC. Continue with checklist.
n) Permission to use archival data: [When applicable] Is permission granted from the custodian of the archive to use it.	Yes	NS	No ✓	If YES: Proceed with checklist. If NO/NS: Consult on this matter with DESC. Continue with checklist.
o) The archive itself does not pose problems: [When applicable] The initial conditions under which the archive originated allow you as a third party researcher to use the material in the archive.	Yes	NS	No ✓	If YES, proceed with checklist. If NO/NS: Consult on this matter with DESC. Continue with checklist.
7. Conflict of interest				
Is the researcher aware of any actual or potential conflict of interest in his/her proceeding with this research?	Yes	NS	No ✓	If YES/NS: Identify concerns, attach details of steps to manage them, and refer to DESC for assessment and advice. If NO: No further action required, except signing the declaration and the checklist, and submitting it to the DESC with supporting documentation.
DECLARATION BY RESEARCHER: I hereby declare that I will conduct my research in compliance with the professional code(s) of ethics and guidelines for ethically responsible research relevant to my field of study as specified in the list herewith attached, AND the 'Framework policy for the assurance and promotion of ethically accountable research at Stellenbosch University', even if my research poses minimal or low ethical risk.				
SEE APPENDIX 2 MARISSA PISTOR				
Print name of Researcher	Signature of Researcher			
Date 19/04/2018				
M. STRYDOM				
Print name of Supervisor	Signature of Supervisor			
Date				

DECISION OF DESC

Referral to Research Ethics Committee: No

[In the case of a referral to the RESEARCH ETHICS COMMITTEE, this checklist and its supporting documentation should be submitted, as well as the full application for ethics review, together with its supporting documentation, avoiding unnecessary duplication of documentation. Also list the ethical risks that are related to the research proposal that is submitted for review, together with the DESC's proposals to avoid or mitigate these ethical risks. Clearly indicate in a note exactly what ethical clearance is requested for.]]

If no referral is required, state any DESC conditions/stipulations subject to which the research may proceed (on separate page if space below is too limited): *[Or stretch table below if required]*

Any ethical issues that need to be highlighted?	Why are these issues important?	What must/could be done to minimize the ethical risk?
None	Not applicable	Nothing

Prof L Engelbrecht	
Print name of Departmental Chair	Signature of Departmental Chair
Date	

Dr M Strydom	
Print name of second member of DESC	Signature of second member of DESC
Date	

DOCUMENTS TO BE PROPERLY FILED IN THE DEPARTMENT AND (E-)COPIES SEND TO SU RESEARCH ETHICS COMMITTEE OFFICE. ON RECEIPT OF THIS COPY, THE RESEARCH ETHICS COMMITTEE SECRETARIAT WILL ISSUE A RESEARCH ETHICS COMMITTEE REGISTRATION NUMBER.

Note: Departments are requested to provide staff members and students with a list of professional Code(s) of ethics and guidelines for ethically responsible research relevant to their field of study on which they can indicate by signature that they have familiarised themselves with it. The last item in the list should be the 'Framework policy for the assurance and promotion of ethically accountable research at Stellenbosch University'.

With thanks to the Department of Sociology and Social Anthropology, Stellenbosch University of the initial concept.

APPENDIX 4

APPROVED WITH STIPULATIONS
REC Humanities New Application Form

1 June 2018

Project number: SW-2018-7134

Project title: THE UTILISATION OF FAMILY COUNSELING IN THE DELIVERY OF CHILD AND FAMILY WELFARE SERVICES

Dear Miss Marissa Pistor

Your REC Humanities New Application Form submitted on **03 May 2018** was reviewed by the REC: Humanities on and approved with stipulations.

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
01 June 2018	30 May 2021

REC STIPULATIONS:

The researcher may proceed with the envisaged research provided that the following stipulations, relevant to the approval of the project are adhered to or addressed:

The researcher is requested to attach the outstanding Permission Letters to her application once she has received them. **[ACTION REQUIRED]**

HOW TO RESPOND:

Some of these stipulations may require your response. Where a response is required, you must respond to the REC within **six**

(6) months of the date of this letter. Your approval would expire automatically should your response not be received by the REC within 6 months of the date of this letter.

Your response (and all changes requested) must be done directly on the electronic application form on the Infonetica system: <https://applyethics.sun.ac.za/Project/Index/8216>

Where revision to supporting documents is required, please ensure that you replace all outdated documents on your application form with the revised versions. Please respond to the stipulations in a separate cover letter titled **“Response to REC stipulations”** and attach the cover letter in the section **Additional Information and Documents**.

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (SW-2018-7134) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document Type	File Name	Date	Version
Research Protocol/Proposal	Final final Research Proposal Marissa Pistor	30/04/2018	
Data collection tool	Temas Marissa Pistor	30/04/2018	
Informed Consent Form	Informed Consent forms Marissa Pistor	30/04/2018	
Request for permission	PISTOR REQUEST PERMISSION	03/05/2018	

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.

The Research Ethics Committee: Humanities complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research:

Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.

Investigator Responsibilities

Protection of Human Research Participants

Some of the general responsibilities investigators have when conducting research involving human participants are listed below:

1. Conducting the Research. You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research. You must also ensure that the research is conducted within the standards of your field of research.

2. Participant Enrollment. You may not recruit or enroll participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use.

3. Informed Consent. You are responsible for obtaining and documenting effective informed consent using **only** the REC-approved consent documents/process, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (5) years.

4. Continuing Review. The REC must review and approve all REC-approved research proposals at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period**. Prior to the date on which the REC approval of the research expires, **it is your responsibility to submit the progress report in a timely fashion to ensure a lapse in REC approval does not occur**. If REC approval of your research lapses, you must stop new participant enrollment, and contact the REC office immediately.

5. Amendments and Changes. If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current Amendment Form. You **may not initiate** any amendments or changes to your research without first obtaining written REC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.

6. Adverse or Unanticipated Events. Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to Malene Fouche within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the RECs requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Research Ethics Committee Standard Operating Procedures. All reportable events should be submitted to the REC using the Serious Adverse Event Report Form.

7. Research Record Keeping. You must keep the following research related records, at a minimum, in a secure location for a minimum of five years: the REC approved research proposal and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC

8. Provision of Counselling or emergency support. When a dedicated counsellor or psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.

9.Final reports. When you have completed (no further participant enrollment, interactions or interventions) or stopped work on your research, you must submit a Final Report to the REC.

10.On-Site Evaluations, Inspections, or Audits. If you are notified that your research will be reviewed or audited by the sponsor or any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.

APPENDIX 5

STELLENBOSCH UNIVERSITY
DEPARTMENT OF SOCIAL WORK

SEMI-STRUCTURED INTERVIEW SCHEDULE
***THE UTILISATION OF FAMILY COUNSELLING IN RENDERING CHILD AND
 FAMILY WELFARE SERVICES***

Date of interview:

Location of interview:

1. IDENTIFYING PARTICULARS AND PROFILE OF PARTICIPANTS

1.1 Qualification and position

1.1.1 Specify your highest qualification in Social Work

Qualification	Mark with X
Diploma in Social Work	
B. of Social Work	
B.A. Social Work (3 years)	
B.A. Social Work (4 years)	
B. Social Work (4 years)	
B. Diac Social Work	
B.A. Honours Social Work	
M.A. Social Work	
DPhil/PhD Social Work	

1.1.2 How many years have you been a social worker rendering child and family welfare services?

1.1.3 What is your current position/ role in your organisation?

1.2 Caseload

1.2.1 How many case files do you currently have?

1.2.2 How many of the case files you currently have do you render services to that focus on the entire family?

2. POLICY AND LEGISLATION

2.1 Which national legislation and policy documents (The Constitution, ISDM, White Paper on Social Welfare, White Paper on Families, Children's Act No 38. Of 2005) guide your services to children and families?

2.2 According to your experience, what are the greatest challenges in implementing legislation and policy in terms of acting in the best interest of the child and the well-being of families?

2.3 The ISDM (Integrated Service Delivery Model) states that social work services in Africa should be rendered on all four levels: Prevention, early intervention, statutory intervention as well as reunification-/ and aftercare. On which levels of the ISDM do you mostly render services and why?

3 FAMILY COUNSELLING SERVICES

3.1 What is your understanding of family counselling?

3.2 When do you decide to utilise family counselling in your service rendering to children and families?

3.3 Which family members do you invite when you want to utilise family counselling with a family?

3.4 Which combination of family members do you mostly see? (Do you see the family together all the time or do you sometimes see different family member alone?)

3.5 How do you execute the following phases of family counselling? Planning, assessment, treatment/ intervention and recontracting/terminating.

3.6 Explain how you use the family systems theory to guide your service rendering to children and families?

3.7 Explain the skills, techniques and aids that you utilise during family counselling sessions?

4. CHALLENGES EXPERIENCED REGARDING THE UTILISATION OF FAMILY COUNSELLING IN CHILD AND FAMILY WELFARE ORGANISATIONS

4.1 What are challenges that you are experiencing in utilising family counselling in a child and family welfare organisation?

4.2 How could the challenges that you have mentioned be managed?

APPENDIX 6

UNIVERSITEIT VAN STELLENBOSCH
DEPARTEMENT VAN MAATSKAPLIKE WERK

SEMI-GESTRUKTURREDE ONDERHOUDSKEDULE
DIE GEBRUIK VAN GESINSBERAAD IN KINDER- EN GESINSORG
DIENSLEWERING

Datum van onderhoud:

Onderhoud gevoer by:

1. IDENTIFISERENDE BESONDERHEDE EN PROFIEL VAN DEELNEMERS

1.2 Kwalifikasie en posisie

1.2.1 Spesifiseer U hoogste kwalifikasie in maatskaplike werk

Kwalifikasie	Merk met X
Diploma in Maatskaplike Werk	
B. in Maatskaplike Werk	
B.A. Maatskaplike Werk (3 jaar)	
B.A. Maatskaplike Werk (4 jaar)	
B. Maatskaplike Werk (4 jaar)	
B. Diac Maatskaplike Werk	
B.A. Honneurs in Maatskaplike Werk	
M.A. Maatskaplike Werk	
DPhil/PhD Maatskaplike Werk	

1.2.2 Hoeveel jaar is U al ‘n maatskaplike werker wat kinder- en gesinsorg dienste lewer?

1.2.3 Wat is U huidige posisie/rol in U organisasie?

1.3 Gevallelading

1.3.1 Hoeveel gevalle lêers het U tans?

1.3.2 Hoeveel van hierdie lêers se dienslewering fokus op die hele gesin? (In plaas van op individue of net sekere lede van die gesin?)

2 BELEID EN WETGEWING

2.1 Watter nasionale beleid- en wetgewingsdokumente (Die Konstituasie, die ISDM, Witskrif vir Maatskaplike Welsyn, Witskrif vir Families, Kinderwet No. 38 van 2005) lei U dienste aan kinders en gesinne?

2.2 Uit U ervaring, wat is die grootste uitdaging met betrekking tot die implementering van hierdie beleid- en wetgewingsdokumente in terme daarvan om in die beste belang van die kind en die welstand van gesinne op te tree?

2.3 The ISDM (Geïntegreerde Dienslewingsmodel) stipuleer dat maatskaplike werk dienste in Suid-Afrika op vier vlakke gelewer word: Voorkomende vlak, vroeë intervensie vlak, statutêre vlak en die herenigings- en nasorg vlak. Op watter van hierdie vlakke van die ISDM lewer U meestal dienste en hoekom?

3. GESINSBERAAD

3.1 Wat verstaan U met betrekking tot gesinsberaad?

3.2 Wanneer sal U besluit om gesinsberaad dienslewering te doen met 'n gesin?

3.3 Watter gesinslede nooi U wanneer U gesinsberaad met 'n familie wil doen?

3.4 Watter kombinasie van gesinslede sien U saam vir gesinsberaad? (Sien U gereeld gesinslede alleen of sien U die gesin meestal saam?)

3.5 Hoe eksukuteer U elk van die volgende fases in gesinsberaad? Beplanning, assessering, berading en herkontraktering/terminering:

3.6 Verduidelik hoe U die gesins-sisteme teorie gebruik om U te lei in U dienste aan kinders en gesinne?

3.7 Verduidelik die vaardighede, tegnieke en hulpmiddels wat U gebruik tydens gesinsberaad-sessies?

4. UITDAGINGS WAT ERVAAR WORD MET DIE GEBRUIK VAN GESINSBERAAD IN KINDER- EN GESINSORGDIENS ORGANISASIES

- 4.1 Watter uitdagings ervaar U in die gebruik van gesinsberaad in 'n kinder- en gesinsorg organisasie?**
- 4.2 Hoe kan hierdie uitdagings bestuur word?**

APPENDIX 7

LIST OF THEMES, SUB-THEMES AND CATEGORIES

Themes	Sub-themes	Categories
Theme 1: National policy and legislation documents that guide social workers' service rendering to children and families.	Sub theme 1: Legislation guides service rendering	Category 1.1: The Children's Act mainly guides service rendering
		Category 1.2: Different acts are utilised to guide service rendering to children and families
	Sub theme 2: Policy that guides service rendering	Category 2.1: Different policy documents
Theme 2: The greatest challenges for social workers in implementing policy and legislation in terms of acting in the best interest of the child and the well-being of families.	Sub-theme 1: Lack of time available for service delivery	Category 1.1: High administrative workload
		Category 1.2: High caseloads
	Sub-theme 2: Lack of resources	Category 2.1: Limited resources in communities and organisations to assist families
		Category 2.2: Families' Lack of finances to access services
		Category 2.3: Families' lack of access to transportation to travel when needed
	Sub-theme 4: Lack of birth certificates	Category 4.1: Difficulty in obtaining birth certificates from Home Affairs for children who do not have one.

	Sub-theme 5: The system's procedure for placing children in alternative care	Category 5.1: Difficulty in securing a safety placement for a child who is in need of care and protection
Theme 3: Levels of the ISDM (Integrated Service Delivery Model) on which social workers mostly render services.	Sub-theme 1: Focus is on statutory level	
	Sub-theme 2: Focus is on early intervention level	
Theme 4: Understanding of family counselling.	Sub-theme 1: To support the family	Category 1.1: Support and therapeutic services are rendered to all family members
Theme 5: Decision to utilise family counselling in their service rendering to children and families.	Sub-theme 2: Develop insight to overcome obstacles	Category 2.1: Focus on identifying strengths and weaknesses in family system
	Sub-theme 3: Focus on entire family	Category 3.1: Involve all family members in counselling
		Category 3.2: Focus on the family as a unit
	Sub-theme 4: Identify needs of family	Category 4.1: Focus on individual needs and needs of family as unit
	Sub-theme 5: Enable families to resolve problems and conflict	Category 5.1: Facilitating families to solve problems and conflict
	Sub-theme 6: Preserving the family	Category 6.1: Prevent statutory removal of children by intervening therapeutically
	Sub-theme 7: Lack of understanding of family counselling as concept	Category 7.1: Confusing family counselling with other types of practice
	Sub-theme 1: Counselling is needed during office interviews and home visits	
	Sub-theme 2: Execution of family panels or family group conferences	

	Sub-theme 3: Resolve conflict in the family when family members are in disagreement	
	Sub-theme 4: Prevalence of problems and rebellious behaviour in children	
	Sub-theme 5: Improvement of parents' knowledge about developmental phases of children and appropriate disciplining styles	
	Sub-theme 6: Family counselling is not utilised as the focus of rendering is on crisis intervention	
	Sub-theme 7: Delivery of foster care and family reunification services	
	Sub-theme 10: Observation of the interaction between family members during assessment	
Theme 6: Family members invited to family counselling sessions	Sub-theme 1: All immediate and external family members	
	Sub-theme 2: Only immediate family members	
	Sub-theme 3: Family and relevant external non-family members	
Theme 7: Combination of family members that would be seen during counselling sessions	Sub-theme 1: Family members mostly seen alone	
	Sub-theme 2: Families are mostly seen together	
	Sub-theme 3: Families seen alone and together	

Theme 8: Process followed when utilising family counselling	Sub-theme 1: Planning stage	Category 1.1: Planning is part of the process
	Sub-theme 2: Assessment stage	Category 2.1: Assessment is part of the process
	Sub-theme 3: Family counselling / intervention stage	Category 3.1: A few family counselling sessions take place
		Category 3.2: Only one or two counselling sessions take place
	Sub-theme 4: Termination/recontracting stage	Category 4.1: There is focus on termination, and/or recontracting of family counselling sessions
Theme 9: Family Systems Theory is utilised to guide service rendering to children and families	Sub-theme 1: Not clear about the content of the Family Systems Theory	Category 1.1: Ecological Systems Perspective is described
	Sub-theme 2: Use Family Systems Theory to guide service rendering	Category 2.1: Describes the Family Systems Theory accurately in explaining how it guides service rendering
	Sub-theme 3: Not aware of using Family Systems Theory	Category 3.1: Uses Family Systems Theory automatically
Theme 10: Skills and techniques utilised during family counselling sessions.	Sub-theme 1: Skills used in family counselling	Category 1.1: Listening skills
		Category 1.2: Observation skills
		Category 1.3: Communication skills
		Category 1.4: Paraphrasing, reflecting and clarifying
	Sub-theme 2: Techniques used in family counselling	Category 2.1: Empathy
	Sub-theme 3: Aids used in family counselling	Category 3.1: Genograms

Theme 11: Challenges experienced in utilising family counselling in a child and family welfare organisation.	Sub-theme 1: Lack of available space for counselling	Category 1.1: Lack of own office to utilise family counselling sessions
	Sub-theme 2: Lack of time to do family counselling	Category 2.1: Too much and unnecessary administration
		Category 2.2: High caseloads
	Sub-theme 3: Challenges regarding families	Category 3.1: Families are sceptical and distrusting of social workers
		Category 3.2: Lack of cooperation from parents
		Category 3.3: Distance from social work office to clients
Theme 12: Suggestions on how the challenges they experience could be managed.	Sub-theme 4: Focus is on child protection	Category 4.1: Difficult to do family counselling due to responsibility of securing child's safety as first priority
	Sub-theme 5: Financial challenges for poor families	Category 5.1: Lack of financial resources to utilise resources outside organisation
	Sub-theme 1: More funding and resources for NGO's	
	Sub-theme 2: Appoint more staff at NGO's to lower caseload for more effective service rendering	
	Sub-theme 3: Management of caseload and administration	
	Sub-theme 4: Focus on preventative services should be stronger	
	Sub-theme 5: Lack of solutions to address challenges	

APPENDIX 8

INDEPENDANT CODER DECLARATION

I, Robertah Daniels, hereby declare that I read through the the semi-structured interviews and empirical research chapter of Marissa (the researcher) and that my findings correspind with the themes, sub-themes and categories as suggested in the empirical study.



Signature

02 September 2019

Date